

010206792062/2023

GOVERNMENT OF JAMAICA CERTIFICATION OF VITAL RECORD



Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:**10th July, 2023**1. Birth in the district of: **CROSS ROADS**2. Parish: **ST. ANDREW**3. No. **BM 1677**4. Place of Birth: **NUTTALL MEMORIAL HOSPITAL**5. Date of Birth: **ELEVENTH JANUARY, 2008**6. Sex: **FEMALE**7. Name of Child: **see line 26**8. Physician or registered midwife in attendance: **DR M TAYLOR****FATHER**9. Name and Surname: **KELVIN JERMAINE OSBOURNE *****10. Age at time of birth: **31 YEARS**11. Occupation: **MANAGING DIRECTOR**12. Birthplace: **KINGSTON****MOTHER**13. (a) Residence: **LOT 2 - 3 PIGEON VALE TOWNHOUSE 9**(b) Town/Village: **STONY HILL**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **1**(b) Still-born: **nil**15. Name and Surname: **GINA JO GLAVE *****Maiden Name: **nil**16. Age at time of birth: **20 YEARS**17. Occupation: **NIL**18. Birthplace: **ST ANDREW****INFORMANT(S)**19. Name and Surname: **KELVIN JERMAINE OSBOURNE *******GINA JO GLAVE *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **LOT 2 - 3 PIGEON VALE TOWNHOUSE 9****LOT 2 - 3 PIGEON VALE TOWNHOUSE 9**(b) Town/Village: **STONY HILL****STONY HILL**(c) Parish: **ST. ANDREW****ST. ANDREW****REGISTRAR'S CERTIFICATE**

22. (a) Signed in my presence by said informant:

23. Witness: **nil**24. Date: **TWELFTH JANUARY, 2008****Signed by Registrar****NAME IF ADDED AFTER REGISTRATION OF BIRTH**26. Name: **KAECIE LILA HOPE *****27. Authority: **CERTIFICATE OF NAMING**28. Date Added: **EIGHTEENTH NOVEMBER, 2011***Last line of Vital Data*

Charlton D. J. McFarlane
Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the Records
THIS CERTIFICATE IS NOT VALID UNLESS