010203835086/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
3rd April, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 7647** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-THIRD SEPTEMBER, 2006** 6. Sex: **MALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE A CHAMBERS**

FATHER

9. Name and Surname: **************

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **KEMPSHOT**

(b) Town/Village: **HOPETON** (c) Parish: **ST. JAMES**

14. No. of Children previously born to mother (a) Alive: **3** (b) Still-born: **nil**

15. Name and Surname: **TAINIAN ALICIA JOHNSON *****

Maiden Name: **nil** 16. Age at time of birth: **26 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **SAINT JAMES**

INFORMANT(S)

19. Name and Surname: **nil** **nil**

20. Qualification: **nil** **nil**

21. (a) Residence: **nil** **nil**

(b)Town/Village: **nil** **nil**

(c) Parish:

REGISTRAR'S CERTIFICATE

22. (b) Entered by me from the particulars on a Certificate received from: **O MURRAY**
FOR HOSPITAL ADMINISTRATOR

23. Witness: **nil**

24. Date: **TENTH NOVEMBER, 2006** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **KEVAR ANTHONY STEWART *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **ELEVENTH DECEMBER, 2006**

Last line of Vital Data

We aim to satisfy

Yvette Scott

for

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE