080202751218/2016

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
28th September, 2016

BIRTH REGISTRATION FORM

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

3. NO. **NZ 5243** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **NINETEENTH NOVEMBER, 2010** 6. Sex: **MALE**

7. Name of Child: **RAJHEIM RICARDO** ***

8. Physician or registered midwife in attendance: **DOCTOR P MONTHROPE**

FATHER

9. Name and Surname: **RICHARD RICARDO HARRIS** ***

10. Age at time of birth: **26 YEARS** 11. Occupation: **DELIVERYMAN**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **WINDSOR LODGE**

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

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **ALEXIA ANNETTE REID** ***

Maiden Name: **nil** 16. Age at time of birth: **21 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**RICHARD RICARDO HARRIS** ***	**ALEXIA ANNETTE REID** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**WINDSOR LODGE**	**WINDSOR LODGE**
(b)Town/Village:	**SOMERTON**	**SOMERTON**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINETEENTH NOVEMBER, 2010** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil** 28. Date Added: **NIL**

Last line of Vital Data

We aim to satis

Deputy Registrar General