

010206617604/2022

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
6th December, 2022

1. BIRTH IN THE DISTRICT OF: **SPALDINGS**

3. NO. **IAH 6554**

4. Place of Birth:

PUBLIC GENERAL HOSPITAL SPALDINGS

2. PARISH: **MANCHESTER**

5. Date of Birth: **TWENTIETH JANUARY, 2012**

7. Name of Child: **RAHEIM ELIJAH *****

6. Sex: **MALE**

8. Physician or registered midwife in attendance:

NURSE W FULLERTON-REID

9. Name and Surname:

CALVIN ARMETTE INGRAM ***

FATHER

10. Age at time of birth:

30 YEARS

12. Birthplace:

ST ANDREW

11. Occupation:

AUTOBODY WORKER

13. (a) Residence:

SAVOY

(b) Town/Village:

CHRISTIANA

MOTHER

14. No. of Children previously born to mother (a) Alive:

3

(c) Parish:

MANCHESTER

15. Name and Surname:

ALICIA LATOYA CAMPBELL ***

(b) Still-born:

nil

Maiden Name:

nil

17. Occupation:

HOMEDUTIES

19. Name and Surname:

CALVIN ARMETTE INGRAM ***

18. Birthplace:

KINGSTON

16. Age at time of birth:

29 YEARS

INFORMANT(S)

ALICIA LATOYA CAMPBELL ***

20. Qualification:

FATHER

MOTHER

21. (a) Residence:

8B SANBLY PARK ROAD

SAVOY

(b) Town/Village:

KINGSTON 6

CHRISTIANA

(c) Parish:

ST. ANDREW

MANCHESTER

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

REGISTRAR'S CERTIFICATE

23. Witness:

nil

24. Date:

TWENTY-FIRST JANUARY, 2012

Signed by Registrar

26. Name:

nil

Name if added after Registration of Birth

27. Authority:

nil

28. Date Added:

NIL

Last line of Vital Data

Sens Robert

CLH 17-11