010905766356/2020 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
3rd February, 2020

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **KINGSTON**
2. PARISH: **KINGSTON**
3. NO. **AA 7409**
4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
5. Date of Birth: **TWENTIETH APRIL, 2011**
6. Sex: **MALE**
7. Name of Child: **KYRIE DANIEL RHONE *****
8. Physician or registered midwife in attendance: **DR MAIR**

FATHER

9. Name and Surname: **EUGENE CASSELL RHONE *****
10. Age at time of birth: **41 YEARS**
11. Occupation: **BUSINESSMAN**
12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **3 BARBICAN PLACE**
(b) Town/Village: **KINGSTON 8**
(c) Parish: **ST. ANDREW**
14. No. of Children previously born to mother (a) Alive: **1**
(b) Still-born: **nil**
15. Name and Surname: **TEISHA GHANDI SOARES *****
Maiden Name. **nil**
16. Age at time of birth: **27 YEARS**
17. Occupation: **HOME DUTIES**
18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **TEISHA GHANDI SOARES *****
20. Qualification: **MOTHER**
21. (a) Residence: **3 BARBICAN PLACE**
(b)Town/Village: **KINGSTON 8**
(c) Parish: **ST. ANDREW**

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant: **nil**
23. Witness: **nil**
24. Date: **TWENTY-FIRST APRIL, 2011**

Signed by Registrar

Name if added after Registration of Birth

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

****** **AMENDMENTS** ******

1: ***LINES 9-12 ADDED on Twenty-Third January, 2020***

Last line of Vital Data

We aim to satisfy

Registrar General's Department

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY