010903488453/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
27th May, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 3616** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-FOURTH JULY, 2010** 6. Sex: **MALE**

7. Name of Child: **MALIK AMAURI CAMPBELL *****

8. Physician or registered midwife in attendance: **NURSE C WILLIAMS**

FATHER

9. Name and Surname: **FLLOYD RICARDO CAMPBELL *****

10. Age at time of birth: **23 YEARS** 11. Occupation: **TEACHER**

12. Birthplace: **MANCHESTER**

MOTHER

13. (a) Residence: **6 BROOKS AVENUE**

(b) Town/Village: **MAY PEN** (c) Parish: **CLARENDON**

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

15. Name and Surname: **JONE KESHA-GAYE KNIGHT *****

Maiden Name: **nil** 16. Age at time of birth: **23 YEARS**

17. Occupation: **TEACHER** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **JONE KESHA-GAYE KNIGHT *****

20. Qualification: **MOTHER**

21. (a) Residence: **6 BROOKS AVENUE**

(b) Town/Village: **MAY PEN**

(c) Parish: **CLARENDON**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIFTH JULY, 2010** **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 Tenth May, 2011***

Last line of Vital Data

We aim to satisfy

Registrar General's Department

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 5880816

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE