010204873801/2016

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
9th March, 2016

BIRTH REGISTRATION FORM

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

3. NO. **NZ 3371** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FIFTH OCTOBER, 2012** 6. Sex: **MALE**

7. Name of Child: **VIJAY TEVAN** ***

8. Physician or registered midwife in attendance: **NURSE L BRISSETT**

FATHER

9. Name and Surname: **VICTOR JUNIOR MORRISON** ***

10. Age at time of birth: **25 YEARS** 11. Occupation: **CARPENTER**

12. Birthplace: **TRELAWNY**

MOTHER

13. (a) Residence: **PROVIDENCE HEIGHTS**

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

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **SHANIELLE LATOYA WILLIAMS** ***

Maiden Name: **nil** 16. Age at time of birth: **25 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**VICTOR JUNIOR MORRISON** ***	**SHANIELLE LATOYA WILLIAMS** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**WAKEFIELD**	**PROVIDENCE HEIGHTS**
(b)Town/Village:	**nil**	**FLANKERS**
(c) Parish:	**TRELAWNY**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SIXTH OCTOBER, 2012** **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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE

We aim to satisfy

Registrar General's Department

OUT OF MANY, ONE PEOPLE