010205280339/2017

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
20th November, 2017

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MAY PEN.**
2. PARISH: **CLARENDON**
3. NO. **HA 6592**
4. Place of Birth: **PUBLIC GENERAL HOSPITAL MAY PEN**
5. Date of Birth: **THIRTIETH MAY, 2010**
6. Sex: **FEMALE**
7. Name of Child: **see line 26**
8. Physician or registered midwife in attendance: **DOCTOR F FADJI**

FATHER

9. Name and Surname: **************
10. Age at time of birth: **nil**
11. Occupation: **nil**
12. Birthplace: **nil**

MOTHER

13. (a) Residence: **BAPTIST LANE SAVANNAH**
(b) Town/Village: **HAYES**
(c) Parish: **CLARENDON**
14. No. of Children previously born to mother (a) Alive: **2**
(b) Still-born: **nil**
15. Name and Surname: **SIMONE EDNA OSBOURNE *****
Maiden Name: **nil**
16. Age at time of birth: **27 YEARS**
17. Occupation: **LABOURER**
18. Birthplace: **CLARENDON**

INFORMANT(S)

19. Name and Surname: **SIMONE EDNA OSBOURNE *****
20. Qualification: **MOTHER**
21. (a) Residence: **BAPTIST LANE SAVANNAH**
(b)Town/Village: **HAYES**
(c) Parish: **CLARENDON**

nil
nil
nil
nil

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: **nil**
24. Date: **THIRTY-FIRST MAY, 2010**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **SABRINA OMEKA PINNOCK *****
27. Authority: **CERTIFICATE OF NAMING**
28. Date Added: **TWENTY-FIRST DECEMBER, 2010**

Last line of Vital Data

We aim to satis