CERTIFICATION OF VITAL RECORD

Registrar General's Department - Jamaica

Issue Date:
13th January, 2011

080202398715/2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**

3. NO. **NZ 8642** 2. PARISH: **ST. JAMES**

4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **THIRTIETH MAY, 2009**

6. Sex: **MALE**

7. Name of Child: **JEVHAUN ANTHONY OBAMA** ***

8. Physician or registered midwife in attendance: **NURSE A MALCOLM**

FATHER

9. Name and Surname: **CECIL ANTHONY CAMPBELL** ***

10. Age at time of birth: **48 YEARS** 11. Occupation: **CABINETMAKER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **DAM ROAD**

(b) Town/Village: **JOHNS HALL**

(c) Parish: **ST. JAMES**

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

15. Name and Surname: **LOTOYA LATESHA CAMPBELL** ***

Maiden Name: **nil**

16. Age at time of birth: **23 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**CECIL ANTHONY CAMPBELL** ***	**LOTOYA LATESHA CAMPBELL** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**DAM ROAD**	**DAM ROAD**
(b)Town/Village:	**JOHNS HALL**	**JOHNS HALL**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH MAY, 2009** **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

This is a true copy of the orginal

This is a true and exact reproduction of the record officially registered in the Registrar General's Department of Jamaica.

Patricia P. Holness
Registrar General &
Deputy Keeper of the Records

This copy not valid unless prepared on engraved border displaying embossed seal and signature of Registrar General.