

010204492970/2014

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
9th July, 2014

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**
3. NO. **AA 1784** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
5. Date of Birth: **SEVENTH DECEMBER, 2012** 6. Sex: **FEMALE**
7. Name of Child: **CHARDONNAY TATIANA CHLOE *****

8. Physician or registered midwife in attendance: **NURSE S McEWAN**9. Name and Surname: **DELANDO OWEN ROBERT RALPH ***** FATHER10. Age at time of birth: **26 YEARS** 11. Occupation: **NIL**12. Birthplace: **KINGSTON**13. (a) Residence: **2314 FALMOUTH EAST**(b) Town/Village: **WATERFORD**(c) Parish: **ST. CATHERINE**14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**15. Name and Surname: **SASHOY NICKEISHA McKENZIE *****Maiden Name: **nil**16. Age at time of birth: **17 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **KINGSTON**19. Name and Surname: **SASHOY NICKEISHA McKENZIE ***** INFORMANT(S)**DELANDO OWEN ROBERT RALPH *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **2314 FALMOUTH EAST****357 4TH DOLPHIN WAY BRAETON NEWTOWN**(b) Town/Village: **WATERFORD****BRIDGEPORT**(c) Parish: **ST. CATHERINE****ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **EIGHTH DECEMBER, 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



Registrar General's Department

Deirdre English Gosse
Deirdre English GosseRegistrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE