010205218351/2017

CERTIFICATION OF VITAL RECORD

# JAMAICA

## Registrar General's Department

**Issue Date:**
**31st July, 2017**

## BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY** 2. PARISH: **ST. ANN**

3. NO. **GA 9704** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**

5. Date of Birth: **TWENTY-NINTH JANUARY, 2010** 6. Sex: **MALE**

7. Name of Child: **NICHOLAS NAJHAIR** ***

8. Physician or registered midwife in attendance: **NURSE NAME UNKNOWN**

FATHER

9. Name and Surname: **CLIVE RUDOLPH McKAY** ***

10. Age at time of birth: **46 YEARS** 11. Occupation: **REFRIGERATION TECHNICIAN**

12. Birthplace: **ST MARY**

MOTHER

13. (a) Residence: **31 SCHOOL STREET**

(b) Town/Village: **PORT MARIA** (c) Parish: **ST. MARY**

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

15. Name and Surname: **NICOLE MARIE GRANT** ***

Maiden Name: **nil**

16. Age at time of birth: **30 YEARS**

17. Occupation: **CASHIER** 18. Birthplace: **ST MARY**

INFORMANT(S)

| | | |
|---|---|---|
| 19. Name and Surname: | **CLIVE RUDOLPH McKAY** *** | **NICOLE MARIE GRANT** *** |
| 20. Qualification: | **FATHER** | **MOTHER** |
| 21. (a) Residence: | **BELFIELD** | **31 SCHOOL STREET** |
| (b)Town/Village: | **HIGHGATE** | **PORT MARIA** |
| (c) Parish: | **ST. MARY** | **ST. MARY** |

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH JANUARY, 2010** **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*

We aim to satisfy

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE