

JAMAICA

Registrar General's
Department
BIRTH REGISTRATION FORMIssue Date:
8th April, 20101. BIRTH IN THE DISTRICT OF: **SPANISH TOWN**2. PARISH: **ST. CATHERINE**3. NO. **EA 8069**4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**5. Date of Birth: **TWENTY-FOUR SEPTEMBER, 2009**6. Sex: **FEMALE**7. Name of Child: **TIFFANY SANGAKARRA *****8. Physician or registered midwife in attendance: **NURSE T GARRICK**

FATHER

9. Name and Surname: **JUNIOR WASHINGTON CAMPBELL *****10. Age at time of birth: **38 YEARS**11. Occupation: **PLUMBER**12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **11 MANSFIELD AVENUE**(b) Town/Village: **SPANISH TOWN**(c) Parish: **ST. CATHERINE**14. No. of Children previously born to mother (a) Alive: **2**(b) Still-born: **nil**15. Name and Surname: **KAMESHIA KAYON TAYLOR *****Maiden Name: **nil**16. Age at time of birth: **28 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **KAMESHIA KAYON TAYLOR *******JUNIOR WASHINGTON CAMPBELL *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **11 MANSFIELD AVENUE****11 MANSFIELD AVENUE**(b) Town/Village: **SPANISH TOWN****SPANISH TOWN**(c) Parish: **ST. CATHERINE****ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-FIFTH SEPTEMBER, 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

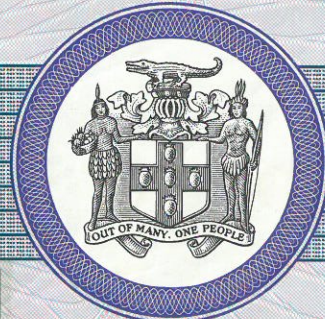
First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.**Initiative of GOJ - August 17, 2006**

Registrar General's Department

THIS CERTIFICATE IS NOT VALID UNLESS
PREPARED ON ENGRAVED BORDERS
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERALRegistrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 5443115

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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