010804986679/2016 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
2nd August, 2016

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: KINGSTON
2. PARISH: KINGSTON
3. NO. AA 7259
4. Place of Birth: VICTORIA JUBILEE HOSPITAL
5. Date of Birth: TWENTY-SIXTH JANUARY, 2010
6. Sex: FEMALE
7. Name of Child: see line 26
8. Physician or registered midwife in attendance: NURSE U CAMPBELL-CHAMBERS

FATHER

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

MOTHER

13. (a) Residence: 3 AUGUST TOWN ROAD
(b) Town/Village: KINGSTON 7
(c) Parish: ST. ANDREW
14. No. of Children previously born to mother (a) Alive: 1
(b) Still-born: nil
15. Name and Surname: STACYANN ALLEN ***
Maiden Name: nil
16. Age at time of birth: 24 YEARS
17. Occupation: HOMEDUTIES
18. Birthplace: KINGSTON

INFORMANT(S)

19. Name and Surname: STACYANN ALLEN *** nil
20. Qualification: MOTHER nil
21. (a) Residence: 3 AUGUST TOWN ROAD nil
(b)Town/Village: KINGSTON 7 nil
(c) Parish: ST. ANDREW

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: nil
24. Date: TWENTY-SIXTH JANUARY, 2010
Signed by Registrar

Name if added after Registration of Birth

26. Name: DEJONAY TANDRIKA FOWLER ***
27. Authority: CERTIFICATE OF NAMING
28. Date Added: ELEVENTH JULY, 2016

Last line of Vital Data