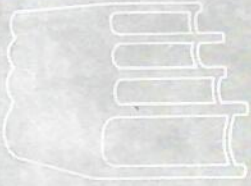


011205265769/2017

CERTIFICATE OF VITAL RECORD



# JAMAICA

## Registrar General's Department

Issue Date:

3rd October, 2017

### BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**2. PARISH: **ST. JAMES**3. NO. **NZ 4543**4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**5. Date of Birth: **SIXTEENTH JUNE, 2008**6. Sex: **FEMALE**7. Name of Child: **TEOMA LATHANIA \*\*\***8. Physician or registered midwife in attendance: **NURSE D EAST-BRANFORD**

FATHER

9. Name and Surname: **DELROY ANTHONY PRINGLE \*\*\***10. Age at time of birth: **38 YEARS**11. Occupation: **TOUR OPERATOR**12. Birthplace: **HANOVER**

MOTHER

13. (a) Residence: **559 CORNWALL COURTS**(b) Town/Village: **MONTEGO BAY**(c) Parish: **ST. JAMES**14. No. of Children previously born to mother (a) Alive: **1**(b) Still-born: **nil**15. Name and Surname: **SHELLY-ANN JOHNSON \*\*\***Maiden Name: **nil**16. Age at time of birth: **26 YEARS**17. Occupation: **WAITRESS**18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **DELROY ANTHONY PRINGLE \*\*\*****SHELLY-ANN JOHNSON \*\*\***20. Qualification: **FATHER****MOTHER**21. (a) Residence: **LOT 133 CATHERINE HALL****559 CORNWALL COURTS**(b) Town/Village: **MONTEGO BAY****MONTEGO BAY**(c) Parish: **ST. JAMES****ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SIXTEENTH JUNE, 2008**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**27. Authority: **nil**28. Date Added: **NIL**

\*\*\*\*\* AMENDMENTS \*\*\*\*\*

1: **LINES 15 AND 19B CHANGED TO READ SHELLY ANN JOHNSON on Twenty-Seventh September, 2017**

Last line of Vital Data



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS  
PREPARED ON ENGRAVED BORDER  
DISPLAYING EMBOSSED SEALS AND

Deirdre English Gosse

Registrar 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 VOID THIS CERTIFICATE