050202096792/2007 CERTIFICATION OF VITAL RECORD

# JAMAICA

## Registrar General's Department

## BIRTH REGISTRATION FORM

*Issue Date:*
*20th April, 2007*

1. BIRTH IN THE DISTRICT OF: HALF WAY TREE 2. PARISH: ST. ANDREW

3. NO. BA 996 4. Place of Birth: ANDREWS MEMORIAL HOSPITAL

5. Date of Birth: TENTH APRIL, 2007 6. Sex: MALE

7. Name of Child: EMILIO ENRIQUÉ ***

8. Physician or registered midwife in attendance: DR O MORGAN

FATHER

9. Name and Surname: DONNOVAN REID ***

10. Age at time of birth: 30 YEARS 11. Occupation: REGIONAL SALES DIRECTOR

12. Birthplace: KINGSTON

MOTHER

13. (a) Residence: 29 HIBISCUS DRIVE BARBICAN

(b) Town/Village: KINGSTON 8 (c) Parish: ST. ANDREW

14. No. of Children previously born to mother (a) Alive: 1 (b) Still-born: nil

15. Name and Surname: CHERYL CURTESHA REID ***

Maiden Name: SMITH *** 16. Age at time of birth: 27 YEARS

17. Occupation: BANKER TELLER 18. Birthplace: ST ANN

INFORMANT(S)

19. Name and Surname: CHERYL CURTESHA REID *** nil

20. Qualification: MOTHER nil

21. (a) Residence: 29 HIBISCUS DRIVE BARBICAN nil

(b)Town/Village: KINGSTON 8 nil

(c) Parish: ST. ANDREW

REGISTRAR'S CERTIFICATE

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

23. Witness: nil

24. Date: ELEVENTH APRIL, 2007 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*

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

We aim to satisfy

OUT OF MANY, ONE PEOPLE