080203114928/2022 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
8th August, 2022

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**

3. NO. **BY 7637** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

5. Date of Birth: **TWELFTH MAY, 2011** 6. Sex: **MALE**

7. Name of Child: **KIJANO NAJAE** ***

8. Physician or registered midwife in attendance: **DRS M ELLIOTT/D DALEY**

FATHER

9. Name and Surname: **STEPHEN MATTHEW JONES** ***

10. Age at time of birth: **38 YEARS** 11. Occupation: **STEVEDORE**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **5 STANTON STREET**

(b) Town/Village: **KINGSTON 4** (c) Parish: **KINGSTON**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **LATOYA CAMILLE HYLTON** ***

Maiden Name: **nil** 16. Age at time of birth. **28 YEARS**

17. Occupation: **SECURITY OFFICER** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname:	**LATOYA CAMILLE HYLTON** ***	**STEPHEN MATTHEW JONES** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**5 STANTON STREET**	**1109 TOVER CIRCLE**
(b)Town/Village:	**KINGSTON 4**	**GREGORY PARK**
(c) Parish:	**KINGSTON**	**ST. CATHERINE**

St. George's Colle
Office of the Lower Schoo
Vice Principal

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTEENTH MAY, 2011** **Signed by Registrar**

SEPTEMBER 19, 2024

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

Charlton D. J. McFarlane
Registrar General &

OUT OF MANY, ONE PEOPLE