10204143985/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
26th March, 2013

BIRTH REGISTRATION FORM

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

3. NO. **BA 5537** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **TWENTY-EIGHTH DECEMBER, 2012** 6. Sex: **MALE**

7. Name of Child: **MICHAEL ROBERT *****

8. Physician or registered midwife in attendance: **DR M TAYLOR**

FATHER

9. Name and Surname: **ANDRÉ ROBERT LAWRENCE *****

10. Age at time of birth: **32 YEARS** 11. Occupation: **SYSTEM ADMINISTRATOR**

12. Birthplace: **ST ANDREW**

MOTHER

13. (a) Residence: **20 CHAMPLAIN AVENUE THREE OAKS GARDEN**

(b) Town/Village: **KINGSTON 20** (c) Parish: **ST. ANDREW**

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

15. Name and Surname: **YASHIMA SAVOURA HAMER *****

Maiden Name: **nil** 16. Age at time of birth: **25 YEARS**

17. Occupation: **BANKER** 18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname:	**YASHIMA SAVOURA HAMER *****	**ANDRÉ ROBERT LAWRENCE *****
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**20 CHAMPLAIN AVENUE THREE OAKS GARDENS**	**20 CHAMPLAIN AVENUE THREE OAKS GARDEN**
(b)Town/Village:	**KINGSTON 20**	**KINGSTON 20**
(c) Parish:	**ST. ANDREW**	**ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-NINTH DECEMBER, 2012** **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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

We aim to satisfy

OUT OF MANY, ONE PEOPLE