

10204143985/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
26th March, 2013

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

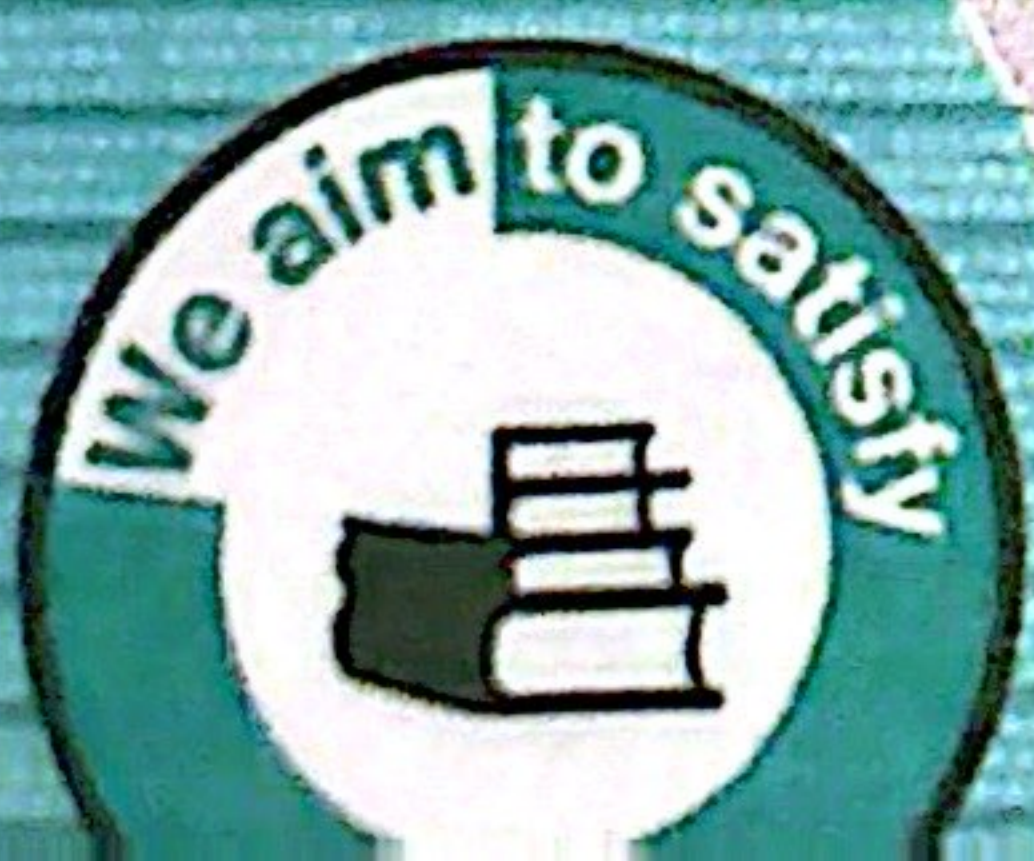
Name if added after Registration of Birth

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*

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records