0102047503 18/2015

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
28th July, 2015

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO **NZ 8983** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FIFTH OCTOBER, 2011** 6. Sex: **MALE**

7. Name of Child: **KAJAY ANTHONEIL McPHERSON *****

8. Physician or registered midwife in attendance: **NURSE L BALL**

FATHER

9. Name and Surname: **************

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **BETHEL TOWN**

(b) Town/Village: **nil** (c) Parish: **WESTMORELAND**

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

15. Name and Surname: **SASHAYNE RASHEEN FOSTER *****

Maiden Name: **nil** 16. Age at time of birth: **19 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **SASHAYNE RASHEEN FOSTER *****

20. Qualification: **MOTHER**

21. (a) Residence: **BETHEL TOWN**

(b) Town/Village: **nil**

(c) Parish: **WESTMORELAND**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SIXTH OCTOBER, 2011** **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

We aim to satisfy

Registrar General's Department

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA