

10207265249/2025

GOVERNMENT OF JAMAICA CERTIFICATION OF VITAL RECORD



Registrar General's Department

Issue Date:
24th July, 2025

BIRTH REGISTRATION FORM

1. Birth in the district of: **MOUNT SALEM** 2. Parish: **ST. JAMES**
3. No. **NZ 6989** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **THIRTEENTH AUGUST, 2013** 6. Sex: **MALE**
7. Name of Child: **TIRAIN JAHMARRIE *****
8. Physician or registered midwife in attendance: **NURSE J SHAW**
9. Name and Surname: **TROY TRISTON TRELEVEN ***** FATHER
10. Age at time of birth: **19 YEARS** 11. Occupation: **NIL**
12. Birthplace: **ST JAMES** MOTHER
13. (a) Residence: **FRANCIS ISABELLA ROAD**
(b) Town/Village: **MOUNT SALEM** (c) Parish: **ST. JAMES**
14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**
15. Name and Surname: **JAMEIKA WHITEHEAD ***** 16. Age at time of birth: **16 YEARS**
Maiden Name: **nil**
17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**
INFORMANT(S)
19. Name and Surname: **TROY TRISTON TRELEVEN ***** **JAMEIKA WHITEHEAD *****
20. Qualification: **FATHER** **MOTHER**
21. (a) Residence: **VAUGHANSFIELD** **FRANCIS ISABELLA ROAD**
(b) Town/Village: **nil** **MOUNT SALEM**
(c) Parish: **ST. JAMES** **ST. JAMES**
REGISTRAR'S CERTIFICATE
22. (a) Signed in my presence by said informant:
23. Witness: **nil**
24. Date: **FOURTEENTH AUGUST, 2013** 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

Desmond Davis (Act.)

Registrar General &
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL

C 0831022

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE