080202425720/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
30th May, 2011

BIRTH REGISTRATION FORM

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

3. NO. **BA 4177** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **TWENTY-FOURTH JANUARY, 2011** 6. Sex: **MALE**

7. Name of Child: **JORDAN JANOI** ***

8. Physician or registered midwife in attendance: **DR N WALTON**

FATHER

9. Name and Surname: **FENTON FEDEL FFRENCH** ***

10. Age at time of birth: **33 YEARS** 11. Occupation: **BUSINESSMAN**

12. Birthplace: **ST CATHERINE**

MOTHER

13. (a) Residence: **172 MAHAGONY CLOSE BRIDGEVIEW**

(b) Town/Village: **BRIDGEPORT** (c) Parish: **ST. CATHERINE**

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

15. Name and Surname: **DELPHARINE PETORAH CAMPBELL** ***

Maiden Name: **nil**

16. Age at time of birth: **39 YEARS**

17. Occupation: **BANKER** 18. Birthplace: **WESTMORELAND**

INFORMANT(S)

19. Name and Surname	**DELPHARINE PETORAH CAMPBELL** ***	**FENTON FEDEL FFRENCH** ***
20. Qualification	**MOTHER**	**FATHER**
21. (a) Residence	**172 MAHAGONY CLOSE BRIDGEVIEW**	**172 MAHAGONY CLOSE BRIDGEVIEW**
(b)Town/Village	**BRIDGEPORT**	**BRIDGEPORT**
(c) Parish	**ST. CATHERINE**	**ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIFTH JANUARY, 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

Patricia P. Holness
Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE