010205192643/2017

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
9th June, 2017

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **PORT ANTONIO** 2. PARISH: **PORTLAND**

3. NO. **DA 9515** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL PORT ANTONIO**

5. Date of Birth: **TWENTY-FIRST MAY, 2011** 6. Sex: **MALE**

7. Name of Child: **JEVANTAY JEROME** ***

8. Physician or registered midwife in attendance: **NURSE J FORBES**

FATHER

9. Name and Surname: **JEROME ANTHONY PHILLIPS** ***

10. Age at time of birth: **20 YEARS** 11. Occupation: **MERCHANDISER**

12. Birthplace: **PORTLAND**

MOTHER

13. (a) Residence: **1B PETERS LANE**

(b) Town/Village: **PORT ANTONIO** (c) Parish: **PORTLAND**

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

15. Name and Surname: **SHANTEL SHANNA-KAY PARKES** ***

Maiden Name: **nil** 16. Age at time of birth: **20 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **PORTLAND**

INFORMANT(S)

19. Name and Surname:	**JEROME ANTHONY PHILLIPS** ***	**SHANTEL SHANNA-KAY PARKES** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**CLEAR SPRING**	**1B PETERS LANE**
(b) Town/Village:	**DRAPERS**	**PORT ANTONIO**
(c) Parish:	**PORTLAND**	**PORTLAND**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST MAY, 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

THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING EMBOSSED SEALS AND

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

OUT OF MANY, ONE PEOPLE

A 8417774

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE