01[illegible]04024165/2012 CERTIFICATION OF VITAL EVENT

JAMAICA

Registrar General's Department

Issue Date:
8th November, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**

3. NO. **BY 4216** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

5. Date of Birth: **SIXTH OCTOBER, 2009** 6. Sex: **FEMALE**

7. Name of Child: **KYLA ALEXANDRIA MARIE** ***

8. Physician or registered midwife in attendance: **STAFF MIDWIFE T STEWART**

FATHER

9. Name and Surname: **ANDREW HEADLEY ROSE** ***

10. Age at time of birth: **42 YEARS** 11. Occupation: **PLUMBER**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **10 LOGWOOD PARK AVENUE**

(b) Town/Village: **KINGSTON 8** (c) Parish: **ST. ANDREW**

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

15. Name and Surname: **SHARON ANN-MARIE ROSE** ***

Maiden Name: **INGLETON** *** 16. Age at time of birth: **31 YEARS**

17. Occupation: **NAIL TECHNICIAN** 18. Birthplace: **PORTLAND**

INFORMANT(S)

19. Name and Surname: **SHARON ANN-MARIE ROSE** *** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **10 LOGWOOD PARK AVENUE** **nil**

(b)Town/Village: **KINGSTON 8** **nil**

(c) Parish: **ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTH OCTOBER, 2009** **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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE