010206137845/2021

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
9th June, 2021

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO. **KA 7922** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **THIRTY-FIRST OCTOBER, 2009** 6. Sex: **FEMALE**

7. Name of Child: **see line 26**

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

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **IVOR COTTAGE**

(b) Town/Village: **MALVERN** (c) Parish: **ST. ELIZABETH**

14. No. of Children previously born to mother (a) Alive: **3** (b) Still-born: **nil**

15. Name and Surname: **ANNETTE CHISHOLM *****

Maiden Name: **nil** 16. Age at time of birth: **28 YEARS**

17. Occupation: **FARMER** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **ANNETTE CHISHOLM *****

20. Qualification: **MOTHER**

21. (a) Residence: **IVOR COTTAGE**

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

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTY-FIRST OCTOBER, 2009** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **VENICE JODIE PLUMMER *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **NINTH DECEMBER, 2009**

Last line of Vital Data