010205108546/2017

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

sue Date:
h February, 2017

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MORANT BAY** 2. PARISH: **ST. THOMAS**

3. NO. **CA 4298** 4. Place of Birth: **PRINCESS MARGARET HOSPITAL MORANT BAY**

5. Date of Birth: **FIRST NOVEMBER, 2011** 6. Sex: **MALE**

7. Name of Child: **JOEL JUSTIN SALMON *****

8. Physician or registered midwife in attendance: **NURSE V REDWOOD**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **MOUNT VERNON GAP**

(b) Town/Village: **CEDAR VALLEY** (c) Parish: **ST. THOMAS**

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

15. Name and Surname: **TISHANA ALICIA EWAN *****

Maiden Name: **nil** 16. Age at time of birth: **22 YEARS**

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

INFORMANT(S)

19. Name and Surname: **TISHANA ALICIA EWAN *****

20. Qualification: **MOTHER**

21. (a) Residence: **MOUNT VERNON GAP**

(b)Town/Village: **CEDAR VALLEY**

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

nil

nil

nil

nil

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIRST NOVEMBER, 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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE