011203963462/2012 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
12th September, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 2297** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TENTH MARCH, 2010** 6. Sex: **MALE**

7. Name of Child: **JOSIAH RAHEEM MARK** ***

8. Physician or registered midwife in attendance: **DOCTOR J GORDON**

FATHER

9. Name and Surname: **RICHARD MARK MITCHELL** ***

10. Age at time of birth: **37 YEARS** 11. Occupation: **PLUMBER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **MOORE PARK**

(b) Town/Village: **ADELPHI** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **MELECIA ALVOSTA DIXON** ***

Maiden Name: **nil** 16. Age at time of birth: **29 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**RICHARD MARK MITCHELL** ***	**MELECIA ALVOSTA DIXON** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**MOORE PARK**	**MOORE PARK**
(b)Town/Village:	**ADELPHI**	**ADELPHI**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TENTH MARCH, 2010** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil** 28. Date Added: **NIL**

****** AMENDMENTS ******

1: ***LINES 15 AND 19(B) CHANGED TO READ MELECIA OLVOSTAR DIXON on Twenty-Eighth August, 2012***

Last line of Vital Data

We aim to satisfy

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

OUT OF MANY, ONE PEOPLE

Witness' Signature: ..... Date:.....