010203671564/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
17th February, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 1987** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **ELEVENTH FEBRUARY, 2010** 6. Sex: **MALE**

7. Name of Child: **CONROY KENEIL** ***

8. Physician or registered midwife in attendance: **NURSE Y TAYLOR**

FATHER

9. Name and Surname: **CONROY NEIL DAWKINS** ***

10. Age at time of birth: **25 YEARS** 11. Occupation: **BUSINESSMAN**

12. Birthplace: **MANCHESTER**

MOTHER

13. (a) Residence: **ROYAL FLAT**

(b) Town/Village: **MANDEVILLE** (c) Parish: **MANCHESTER**

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

15. Name and Surname: **SHERICA ALICIA LOGAN** ***

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

17. Occupation: **HOMEDUTIES** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname:	**CONROY NEIL DAWKINS** ***	**SHERICA ALICIA LOGAN** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**ROYAL FLAT**	**ROYAL FLAT**
(b)Town/Village:	**MANDEVILLE**	**MANDEVILLE**
(c) Parish:	**MANCHESTER**	**MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **ELEVENTH FEBRUARY, 2010** **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 SIGNATURE OF REGISTRAR GENERAL

for Yvette Scott

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 6231457

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE