010205384906/2018

CERTIFIED VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
26th April, 2018

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**

3. NO. **AA 8182** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **TWENTY-NINTH JULY, 2012** 6. Sex: **FEMALE**

7. Name of Child: **BRIANNA CARLENA** ***

8. Physician or registered midwife in attendance: **DR BENNETT**

FATHER

9. Name and Surname: **CARLINTON POWELL** ***

10. Age at time of birth: **35 YEARS** 11. Occupation: **CABINET MAKER**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **22 CHISHOLM AVENUE**

(b) Town/Village: **KINGSTON 13** (c) Parish: **ST. ANDREW**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **DIANA SOPHIA GRIFFITHS** ***

Maiden Name: **nil** 16. Age at time of birth: **24 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**DIANA SOPHIA GRIFFITHS** ***	**CARLINTON POWELL** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**22 CHISHOLM AVENUE**	**8 GENTLES ROAD**
(b)Town/Village:	**KINGSTON 13**	**KINGSTON 10**
(c) Parish:	**ST. ANDREW**	**ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH JULY, 2012** **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 &