10203186154/2010

CERTIFICATE OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
10th March, 2010

BIRTH REGISTRATION FORM

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

3. NO. **NZ 20** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-FIRST SEPTEMBER, 2009** 6. Sex: **MALE**

7. Name of Child: **JOSHUA-DEAN NATHAN** ***

8. Physician or registered midwife in attendance: **NURSE Y PETERKIN-BIGBY**

FATHER

9. Name and Surname: **DESMOND DEAN THOMPSON** ***

10. Age at time of birth: **30 YEARS** 11. Occupation: **VETERINARY ASSISTANT**

12. Birthplace: **PORTLAND**

MOTHER

13. (a) Residence: **MAMMEE BAY**

(b) Town/Village: **OCHO RIOS** (c) Parish: **ST. ANN**

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

15. Name and Surname: **CARLIVE NATALEE THOMPSON** ***

Maiden Name: **BLACK** ***

17. Occupation: **HOUSEWIFE** 16. Age at time of birth: **32 YEARS**

18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **CARLIVE NATALEE THOMPSON** *** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **MAMMEE BAY** **nil**

(b)Town/Village: **OCHO RIOS** **nil**

(c) Parish: **ST. ANN** **UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SECOND SEPTEMBER, 2009** **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

First Free Copy for children bor
as of January 1, 2007 and registere
with a name at birth.
Initiative of GOJ - August 17, 2006

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE