010206520146/2022 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
25th August, 2022

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN** 2. PARISH: **ST. CATHERINE**

3. NO. **EA 5449** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**

5. Date of Birth: **TWENTY-FIFTH SEPTEMBER, 2012** 6. Sex: **MALE**

7. Name of Child: **DEROSSI ST JULES** ***

8. Physician or registered midwife in attendance: **NURSE A VACIANNA ARCHER**

FATHER

9. Name and Surname: **SHAMAR RAY COPELAND** ***

10. Age at time of birth: **29 YEARS** 11. Occupation: **FIREFIGHTER**

12. Birthplace: **ST CATHERINE**

MOTHER

13. (a) Residence: **190 VICTORIA ROSE BOULEVARD MOUNTVIEW**

(b) Town/Village: **SPANISH TOWN** (c) Parish: **ST. CATHERINE**

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

15. Name and Surname: **PATRECE ANNAKAY ROBERTS** ***

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

17. Occupation: **CUSTOMER CARE REPRESENTATIVE** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname:	**PATRECE ANNAKAY ROBERTS** ***	**SHAMAR RAY COPELAND** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**190 VICTORIA ROSE BOULEVARD MOUNTVIEW**	**6 PARK CRESCENT**
(b)Town/Village:	**SPANISH TOWN**	**AVON PARK**
(c) Parish:	**ST. CATHERINE**	**ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SIXTH SEPTEMBER, 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

Registrar General's Department

Charlton D. J. McFarlane
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

B 0033562

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE