10203917034/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
18th June, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MAY PEN** 2. PARISH: **CLARENDON**

3. NO. **HA 1358** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL MAY PEN**

5. Date of Birth: **TWENTY-SEVENTH FEBRUARY, 2012** 6. Sex: **MALE**

7. Name of Child: **CHANTY PHILLIP FULLERTON *****

8. Physician or registered midwife in attendance: **NURSE N BEASON**

FATHER

9. Name and Surname: **********

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **BOTTOM HALSE HALL**

(b) Town/Village: **MAY PEN** (c) Parish: **CLARENDON**

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

15. Name and Surname: **TUDIA CARLENE ALWOOD *****

Maiden Name: **nil** 16. Age at time of birth: **32 YEARS**

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

INFORMANT(S)

19. Name and Surname: **TUDIA CARLENE ALWOOD *****

20. Qualification: **MOTHER**

21. (a) Residence: **BOTTOM HALSE HALL**

(b)Town/Village: **MAY PEN**

(c) Parish: **CLARENDON**

nil

nil

nil

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-EIGHTH FEBRUARY, 2012** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

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

Seen & Returned
H Campbell

Last line of Vital Data

First Free Copy for children born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006

Yvette Scott

for Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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

OUT OF MANY, ONE PEOPLE

A 6418176

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

- Asthma/Bronchitis ( ) (✓)
- Rheumatic Fever/Rh. Heart Disease ( ) (✓)
- Congenital/other heart disease ( ) (✓)
- Sickle Cell Trait/Disease ( ) (✓)
- Seizures (Epilepsy/Fits) ( ) (✓)
- Fainting Spells/Giddiness ( ) (✓)
- Anaemia (Weak Blood) ( ) (✓)

All information collected will be held in strict confidentiality. The information collected is