10203759152/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
2nd December, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO. **KA 8719** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **TWENTY-FIFTH MAY, 2010** 6. Sex: **MALE**

7. Name of Child: **MICHTON RENALDEANO** ***

8. Physician or registered midwife in attendance: **NURSE B LEDGISTER**

FATHER

9. Name and Surname: **MICHTON EVERTON SMITH** ***

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

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **NEW RIVER**

(b) Town/Village: **SANTA CRUZ** (c) Parish: **ST. ELIZABETH**

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

15. Name and Surname: **CARATHA ANGELITA MCRAE** ***

Maiden Name: **nil**

16. Age at time of birth: **22 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **CARATHA ANGELITA MCRAE** *** **MICHTON EVERTON SMITH** ***

20. Qualification: **MOTHER** **FATHER**

21. (a) Residence: **NEW RIVER** **NEW RIVER**

(b)Town/Village: **SANTA CRUZ** **SANTA CRUZ**

(c) Parish: **ST. ELIZABETH** **ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

Signed in my presence by said informant:

nil

TY-SIXTH MAY, 2010 **Signed by Registrar**

Name if added after Registration of Birth

28. Date Added: **NIL**

Last line of Vital Data

OUT OF MANY, ONE PEOPLE

unc
of th

SIGNA

St. Elizabeth Techn

the Records