010206551293/2022

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
22nd October, 2022

BIRTH REGISTRATION FORM

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

3. NO. **AA 1410** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **TWENTY-FOURTH NOVEMBER, 2012** 6. Sex: **MALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE V MANNINGSTONE**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **4 EAST ROAD**

(b) Town/Village: **KINGSTON 12** (c) Parish: **ST. ANDREW**

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

15. Name and Surname: **CORDELLE CARLENE RUSSELL *****

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

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

INFORMANT(S)

19. Name and Surname: **CORDELLE CARLENE RUSSELL ***** **nil**

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

21. (a) Residence: **4 EAST ROAD** **nil**

(b)Town/Village: **KINGSTON 12** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIFTH NOVEMBER, 2012** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **JEROMIE ANTHONY SAMUELS *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **EIGHTEENTH FEBRUARY, 2013**

Last line of Vital Data