080202559317/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
16th April, 2013

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**

3. NO. **BA 5563** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **ELEVENTH JANUARY, 2013** 6. Sex: **FEMALE**

7. Name of Child: **KIANNA ARIEL** ***

8. Physician or registered midwife in attendance: **DR SIMPSON HARLEY**

FATHER

9. Name and Surname: **KEVIN ADIAN JOHNSON** ***

10. Age at time of birth: **36 YEARS** 11. Occupation: **SEAMAN**

12. Birthplace: **ST ANDREW**

MOTHER

13. (a) Residence: **99 ENFIELD AVENUE**

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

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

15. Name and Surname: **KERRY-ANN JOHNSON** ***

Maiden Name: **RICHARDS** *** 16. Age at time of birth: **33 YEARS**

17. Occupation: **TEACHER** 18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **KERRY-ANN JOHNSON** *** **nil**

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

21. (a) Residence: **99 ENFIELD AVENUE** **nil**

(b)Town/Village: **BRIDGEPORT** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWELFTH JANUARY, 2013** **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

Original Document Seen
30/12/16

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE