

10206790317/2023

GOVERNMENT OF JAMAICA CERTIFICATION OF VITAL RECORD



# Registrar General's Department

Issue Date:  
21st July, 2023

## BIRTH REGISTRATION FORM

1. Birth in the district of: **ST. ANN'S BAY** 2. Parish: **ST. ANN**  
3. No. **GA 5163** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST. ANN'S BAY**  
5. Date of Birth: **SIXTEENTH SEPTEMBER, 2011** 6. Sex: **FEMALE**  
7. Name of Child: **SUSHANE MARIE \*\*\***  
8. Physician or registered midwife in attendance: **NURSE E AGU**  
9. Name and Surname: **LUSHANE LUCIEN DENNIS \*\*\*** FATHER  
10. Age at time of birth: **22 YEARS** 11. Occupation: **MECHANIC**  
12. Birthplace: **ST ANN** MOTHER  
13. (a) Residence: **WALLINGFORD** (c) Parish: **ST. MARY**  
(b) Town/Village: **GAYLE**  
14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**  
15. Name and Surname: **KRISTOL MARIE DAYE \*\*\*** 16. Age at time of birth: **18 YEARS**  
Maiden Name: **nil**  
17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST CATHERINE**  
INFORMANT(S)  
19. Name and Surname: **LUSHANE LUCIEN DENNIS \*\*\*** **KRISTOL MARIE DAYE \*\*\***  
20. Qualification: **FATHER** **MOTHER**  
21. (a) Residence: **WHITE HALL** **WALLINGFORD**  
(b) Town/Village: **BLACKSTONEAGE** **GAYLE**  
(c) Parish: **ST. ANN** **ST. MARY**  
REGISTRAR'S CERTIFICATE  
22. (a) Signed in my presence by said informant:  
23. Witness: **nil**  
24. Date: **SIXTEENTH SEPTEMBER, 2011** 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



*Charlton D. J. McFarlane*  
Charlton D. J. McFarlane

Registrar General &  
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS  
BEARING SIGNATURE OF THE REGISTRAR GENERAL

*Original Seen*  
*5/9/2024*  
*[Signature]*