

10203871566/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
DepartmentIssue Date:
10th May, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MORANT BAY**2. PARISH: **ST. THOMAS**3. NO. **CA 4602**4. Place of Birth: **PRINCESS MARGARET HOSPITAL MORANT BAY**5. Date of Birth: **NINETEENTH JANUARY, 2012**6. Sex: **MALE**7. Name of Child: **JESHAWN MALIK *****8. Physician or registered midwife in attendance: **NURSE V REDWOOD**

FATHER

9. Name and Surname: **OSHA NE GIARY THOMAS *****10. Age at time of birth: **18 YEARS**11. Occupation: **NIL**12. Birthplace: **ST THOMAS**

MOTHER

13. (a) Residence: **SPRING TOP**(b) Town/Village: **AIRY CASTLE**(c) Parish: **ST. THOMAS**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **TAMARA SAMANTHA CRUICKSHANK *****Maiden Name: **nil**16. Age at time of birth: **18 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **ST THOMAS**

INFORMANT(S)

19. Name and Surname: **OSHA NE GIARY THOMAS *******TAMARA SAMANTHA CRUICKSHANK *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **LYSSONS****SPRING TOP**(b) Town/Village: **nil****AIRY CASTLE**(c) Parish: **ST. THOMAS****ST. THOMAS**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTIETH JANUARY, 2012**

Signed by Registrar

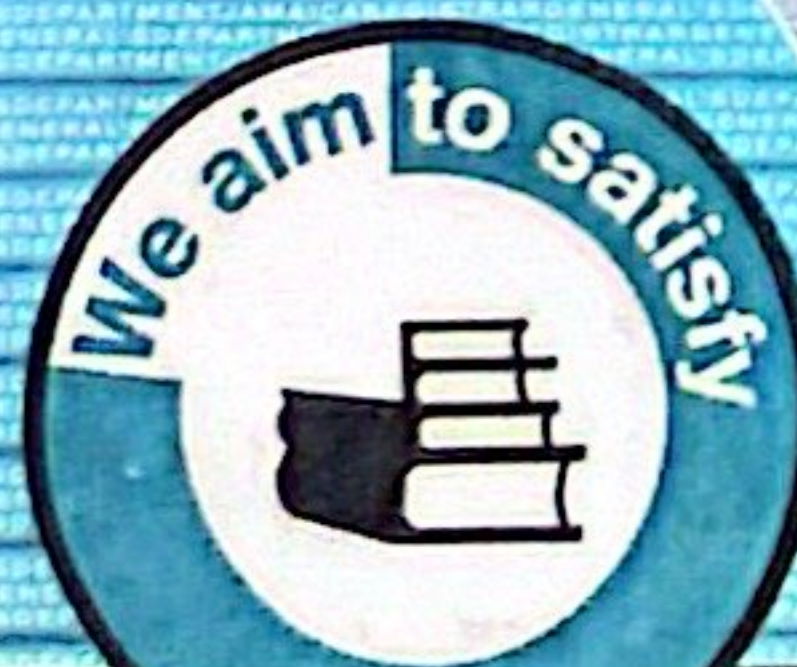
Name if added after Registration of Birth

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

Last line of Vital Data

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

Initiative of GOJ - August 17, 2006



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL

for

Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 6354103

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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