080202800521/2017

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
30th October, 2017

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**

3. NO. **BY 9417** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

5. Date of Birth: **TWENTIETH OCTOBER, 2007** 6. Sex: **MALE**

7. Name of Child: **ZACHARY ZANE Le ANDREW AUSTIN *****

8. Physician or registered midwife in attendance: **STAFF MIDWIFE J GOODEN**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **LOT 190 6 WEST**

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

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

15. Name and Surname: **SUE-ANN SIMONE CLARKE *****

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

17. Occupation: **EXECUTIVE ASSISTANT** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **SUE-ANN SIMONE CLARKE *****

20. Qualification: **MOTHER**

21. (a) Residence: **LOT 190 6 WEST**

(b)Town/Village: **GREATER PORTMORE**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST OCTOBER, 2007** **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

We aim to satisfy

Registrar General's Department

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

OUT OF MANY, ONE PEOPLE

A 8558629

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE