010205447740/2018

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
27th September, 2018

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO. **KA 9430** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **THIRTIETH NOVEMBER, 2010** 6. Sex: **FEMALE**

7. Name of Child: **CHANTELLEE CHANTEL** ***

8. Physician or registered midwife in attendance: **NURSE S BLAKE**

FATHER

9. Name and Surname: **DAMION RICARDO BROWN** ***

10. Age at time of birth: **27 YEARS** 11. Occupation: **TAXI OPERATOR**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **DRY RIVER**

(b) Town/Village: **MAGGOTTY** (c) Parish: **ST. ELIZABETH**

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

15. Name and Surname: **CHANTEL MONIQUE McLEOD** ***

Maiden Name: **nil** 16. Age at time of birth: **18 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **CHANTEL MONIQUE McLEOD** *** **DAMION RICARDO BROWN** ***

20. Qualification: **MOTHER** **FATHER**

21. (a) Residence: **DRY RIVER** **DRY RIVER**

(b)Town/Village: **MAGGOTTY** **MAGGOTTY**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH NOVEMBER, 2010** **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

Deirdre English Gosse

Registrar General &

OUT OF MANY, ONE PEOPLE