10203961307/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
16th August, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 1675** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-SECOND MAY, 2012** 6. Sex: **FEMALE**

7. Name of Child: **JODIRA JAHNAYE** ***

8. Physician or registered midwife in attendance: **DOCTOR K FANDINO**

FATHER

9. Name and Surname: **DONOVAN ODEINE EVANS** ***

10. Age at time of birth: **29 YEARS** 11. Occupation: **BARBER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **FARM HEIGHTS**

(b) Town/Village: **MONTEGO BAY** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **JODI-ANN TIFFANY GROVES** *** 16. Age at time of birth: **24 YEARS**

Maiden Name: **nil**

17. Occupation: **SECRETARY** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**DONOVAN ODEINE EVANS** ***	**JODI-ANN TIFFANY GROVES** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**RAMBLE HILL**	**FARM HEIGHTS**
(b)Town/Village:	**GORDONS CROSSING**	**MONTEGO BAY**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-THIRD MAY, 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

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

We aim to satisfy

OUT OF MANY, ONE PEOPLE

First Name **Last Name**

Home Address: _____

Phone #1: 876-225-8542 Phone #2: _____

Occupation: _____

Work Address _____

Work Phone number(s): _____

Revised 2023