010905313574/2017

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
17th January, 2018

BIRTH REGISTRATION FORM

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

3. NO. **KA 1296** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **THIRTIETH MARCH, 2012** 6. Sex: **MALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE N SHAW-MYLES**

FATHER

9. Name and Surname: **LEON MARTIN BECKFORD *****

10. Age at time of birth: **33 YEARS** 11. Occupation: **ELECTRICIAN**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **MIDDLESEX**

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

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **NICKESHA TAMIKA GOODEN *****

Maiden Name: **nil**

16. Age at time of birth: **23 YEARS**

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

INFORMANT(S)

19. Name and Surname: **NICKESHA TAMIKA GOODEN ***** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **MIDDLESEX** **nil**

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

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH MARCH, 2012** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **DAVID MARTIN BECKFORD *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **TWENTY-EIGHTH MAY, 2012**

******** AMENDMENTS ********

1. ***LINES 9-12 ADDED on Third January, 2018***

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 8607004

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE