

0-J204349455/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

Issue Date:

20th December, 2013

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**
3. NO. **AA 8314** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
5. Date of Birth: **SEVENTH JUNE, 2011** 6. Sex: **FEMALE**
7. Name of Child: **LEANDREA LEYANNA RABY *****

8. Physician or registered midwife in attendance: **NURSE V. MELHADO**9. Name and Surname: **FATHER**10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**13. (a) Residence: **8 KEMPTON AVENUE**(b) Town/Village: **KINGSTON 10**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**(c) Parish: **ST. ANDREW**15. Name and Surname: **SHERRIFER NICOLE HARRIS *****Maiden Name: **nil**16. Age at time of birth: **21 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **SHERRIFER NICOLE HARRIS *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **8 KEMPTON AVENUE****nil**(b) Town/Village: **KINGSTON 10****nil**(c) Parish: **ST. ANDREW****nil**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **EIGHTH JUNE, 2011**

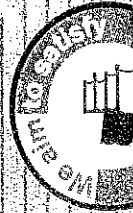
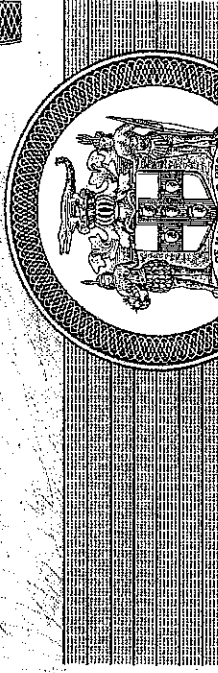
Signed by Registrar

25. Name: **nil**

Name if added after Registration of Birth

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

Last line of Vital Data



Deirdre English Gosse

Registrar General &