

010203750360/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

Issue Date:

15th December, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF **BLACK RIVER** 2. PARISH **ST. ELIZABETH**
3. NO. **KA 7875** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**
5. Date of Birth: **TWENTIETH OCTOBER, 2009** 6. Sex: **FEMALE**
7. Name of Child: **TASHERA CIARA *****

8. Physician or registered midwife in attendance: **NURSE S BLAKE**9. Name and Surname: **GARNETH FORBES *****

FATHER

10. Age at time of birth: **43 YEARS**11. Occupation: **MECHANIC**12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **NEW BUILDING**(b) Town/Village: **NAIN**(c) Parish: **ST. ELIZABETH**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **MONIQUE BAILEY *****Maiden Name: **nil**16. Age at time of birth: **17 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **MONIQUE BAILEY *******GARNETH FORBES *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **NEW BUILDING****NEW BUILDING**(b) Town/Village: **NAIN****NAIN**(c) Parish: **ST. ELIZABETH****ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-FIRST OCTOBER, 2009**

Signed by Registrar

Name if added after Registration of Birth

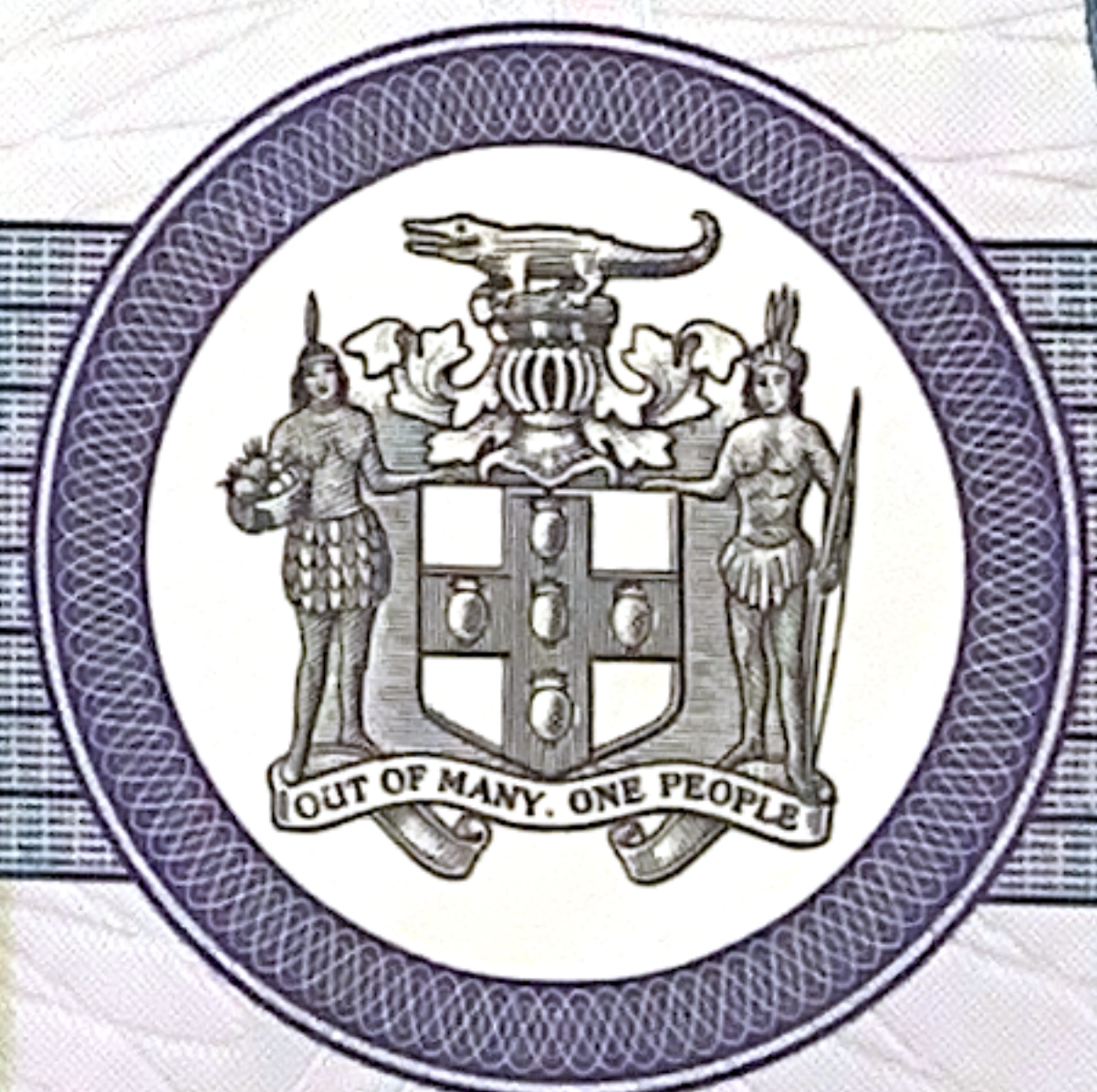
26. Name: **nil**27. Authority: **nil**28. Date Added: **NIL**

Last line of Vital Data



Registrar General's Department

for

Yvette ScottRegistrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE