J11205934468/2020 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
25th September, 2020

BIRTH REGISTRATION FORM

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

3. NO. **NZ 4793** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **EIGHTEENTH OCTOBER, 2010** 6. Sex: **FEMALE**

7. Name of Child: **GLENDINE LATOYA MOODIE *****

8. Physician or registered midwife in attendance: **NURSE E CUNNINGHAM**

FATHER

9. Name and Surname: **********

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **ARGYLE MOUNTAIN**

(b) Town/Village: **BETHEL TOWN** (c) Parish: **WESTMORELAND**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **NOTAYA SHAKARA SCARLETT *****

Maiden Name: **nil** 16. Age at time of birth: **21 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **WESTMORELAND**

INFORMANT(S)

19. Name and Surname: **NOTAYA SHAKARA SCARLETT *****

20. Qualification: **MOTHER**

21. (a) Residence: **ARGYLE MOUNTAIN**

(b)Town/Village: **BETHEL TOWN**

(c) Parish: **WESTMORELAND**

nil
nil
nil
nil

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINETEENTH OCTOBER, 2010** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

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

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

1: ***LINES 15 AND 19 CHANGED TO READ NOTOYA SHAKARA SCARLETT on Twenty-Third September, 2020***

Last line of Vital Data

Charlton D. J. McFarlane
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 9446237

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Phone #1: _____ Phone #2: _____

Occupation: _____

Work Address _____

Work Phone number(s): _____