010705254444/2017

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
25th October, 2017

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY** 2. PARISH: **ST. ANN**

3. NO. **GA 4509** 4. Place of Birth: **ENROUTE TO PUBLIC GENERAL HOSPITAL ST ANN'S BAY**

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

7. Name of Child: **ZAIDEN AMARE TAYLOR *****

8. Physician or registered midwife in attendance: **NIL**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

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

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

14. No. of Children previously born to mother (a) Alive: **3** (b) Still-born: **nil**

15. Name and Surname: **KABIA LASANDRA WILLIAMSON *****

Maiden Name: **nil** 16. Age at time of birth: **26 YEARS**

17. Occupation: **NAIL TECHNICIAN** 18. Birthplace: **CLARENDON**

INFORMANT(S)

19. Name and Surname: **KABIA LASANDRA WILLIAMSON *****

20. Qualification: **MOTHER**

21. (a) Residence: **BLENHEIM TOWN**

(b) Town/Village: **NEW PORT**

(c) Parish: **MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **KEISHANA COLE *****

24. Date: **SECOND OCTOBER, 2017** **Signed by Registrar** **on the authority of the Registrar General**

Name if added after Registration of Birth

26. Name: **nil**

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

Last line of Vital Data

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE