010203996773/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
26th September, 2012

BIRTH REGISTRATION FORM

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

3. NO. **GA 9338** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**

5. Date of Birth: **TWENTY-FOURTH DECEMBER, 2009** 6. Sex: **FEMALE**

7. Name of Child: **TISHAWNA SHANIQUE ROACHE *****

8. Physician or registered midwife in attendance: **NURSE J SAUNDERS**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **8 WARF STREET**

(b) Town/Village: **ST ANN'S BAY** (c) Parish: **ST. ANN**

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

15. Name and Surname: **SHAN-NAKAY CHRISTALEE STEPHENSON *****

Maiden Name: **nil**

16. Age at time of birth: **20 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST ANN**

INFORMANT(S)

19. Name and Surname: **SHAN-NAKAY CHRISTALEE STEPHENSON ***** **nil**

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

21. (a) Residence: **8 WARF STREET** **nil**

(b)Town/Village: **ST ANN'S BAY** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FOURTH DECEMBER, 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

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

We aim to satisfy

Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER