

010206438329/2022

CERTIFICATION OF VITAL RECORD

JAMAICA
*Registrar General's
Department*

Issue Date:
10th May, 2022

BIRTH REGISTRATION FORM1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**2. PARISH: **ST. JAMES**3. NO. **NZ 6078**4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**5. Date of Birth: **NINETEENTH JANUARY, 2011**6. Sex: **FEMALE**7. Name of Child: **ROGESHA ALICIA *****8. Physician or registered midwife in attendance: **NURSE M FULLER**

FATHER

9. Name and Surname: **RODDRICK MARK HARVEY *****10. Age at time of birth: **29 YEARS**11. Occupation: **ENTERTAINER**12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **POINT**(b) Town/Village: **nil**(c) Parish: **ST. JAMES**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **NEDESHA MELLISA WOODSTOCK *****Maiden Name: **nil**16. Age at time of birth: **19 YEARS**17. Occupation: **WAITRESS**18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **RODDRICK MARK HARVEY *******NEDESHA MELLISA WOODSTOCK *****20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **SPRINGMOUNT**

POINT

(b) Town/Village: **JOHNS HALL**

nil

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

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **NINETEENTH JANUARY, 2011**

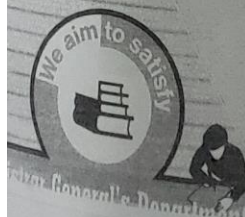
Signed by Registrar

26. Name: **nil**

Name if added after Registration of Birth

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

Last line of Vital Data



Charlton D. J. McFarlane
Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

