010203254184/2010

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
18th May, 2010

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

3. NO. **NZ 6996** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-THIRD AUGUST, 2006** 6. Sex: **MALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **DR W HARVEY**

FATHER

9. Name and Surname: **SANDIVAL McDONALD REECE *****

10. Age at time of birth: **31 YEARS** 11. Occupation: **VENDOR**

12. Birthplace: **SAINT JAMES**

MOTHER

13. (a) Residence: **PARADISE NORWOOD**

(b) Town/Village: **MONTEGO BAY** (c) Parish: **ST. JAMES**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **NOTOYA ANTONNETTE REECE *****

Maiden Name: **WRIGHT *****

16. Age at time of birth: **22 YEARS**

17. Occupation: **HOUSEWIFE** 18. Birthplace: **HANOVER**

INFORMANT(S)

19. Name and Surname:	nil	nil
20. Qualification:	nil	nil
21. (a) Residence:	nil	nil
(b)Town/Village:	nil	nil
(c) Parish:		

REGISTRAR'S CERTIFICATE

22. (b) Entered by me from the particulars on a Certificate received from: **O MURRAY**
FOR HOSPITAL ADMINISTRATOR

23. Witness: **nil**

24. Date: **THIRTEENTH SEPTEMBER, 2006** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **SANJAY McDONALD *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **THIRTEENTH SEPTEMBER, 2006**

Last line of Vital Data

Patricia P. Holness

We aim to satisfy