10203745298/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
4th January, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**

3. NO. **BY 8180** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

5. Date of Birth: **TWENTY-FIRST AUGUST, 2011** 6. Sex: **FEMALE**

7. Name of Child: **SHALOY TINEKE** ***

8. Physician or registered midwife in attendance: **STAFF MIDWIFE D PARKES**

FATHER

9. Name and Surname: **LLOYD ST DAVID HENRY** ***

10. Age at time of birth: **38 YEARS** 11. Occupation: **MECHANICAL TECHNICIAN**

12. Birthplace: **MANCHESTER**

MOTHER

13. (a) Residence: **11 MUNSTER ROAD**

(b) Town/Village: **KINGSTON 3** (c) Parish: **ST. ANDREW**

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

15. Name and Surname: **SHANA ANN MARIE ROBINSON** ***

Maiden Name: **nil** 16. Age at time of birth: **32 YEARS**

17. Occupation: **REGISTERED NURSE** 18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname:	**SHANA ANN MARIE ROBINSON** ***	**LLOYD ST DAVID HENRY** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**11 MUNSTER ROAD**	**11 MUNSTER ROAD**
(b)Town/Village:	**KINGSTON 3**	**KINGSTON 3**
(c) Parish:	**ST. ANDREW**	**ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST AUGUST, 2011** **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

First Free Copy for children born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006

We aim to satisfy

Registrar General's Department

Yvette Scott

for Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE