10204135361/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date: 22nd March, 2013

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO: **KA 2077** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **SEVENTH NOVEMBER, 2012** 6. Sex: **FEMALE**

7. Name of Child: **KASHEMA SASHAE** ***

8. Physician or registered midwife in attendance: **DOCTOR S A KOMMAREDI**

FATHER

9. Name and Surname: **EDWIN JUNIOR SMALLING** ***

10. Age at time of birth: **30 YEARS** 11. Occupation: **TAXI OPERATOR**

12. Birthplace: **ST ELIZABETH**

MOTHER

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

(b) Town/Village: **NEWTON** (c) Parish: **ST. ELIZABETH**

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

15. Name and Surname: **ZARA PATRICIA FACEY** ***

Maiden Name: **nil** 16. Age at time of birth: **25 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname:	ZARA PATRICIA FACEY ***	EDWIN JUNIOR SMALLING ***
20. Qualification:	MOTHER	FATHER
21. (a) Residence:	BARTON	BARTON
(b)Town/Village:	NEWTON	NEWTON
(c) Parish:	ST. ELIZABETH	ST. ELIZABETH

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTH NOVEMBER, 2012** 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

VOID

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

We aim to satisfy

OUT OF MANY, ONE PEOPLE