010204603760/2015

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
9th January, 2015

BIRTH REGISTRATION FORM

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

3. NO. **NZ 5508** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-NINTH MARCH, 2013** 6. Sex: **FEMALE**

7. Name of Child: **KAILYN KADEIJA OTTEY *****

8. Physician or registered midwife in attendance: **DR D SCARLETT**

FATHER

9. Name and Surname: **CORDELL DEMERCARDO OTTEY *****

10. Age at time of birth: **26 YEARS** 11. Occupation: **CONSTRUCTION WORKER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **ROSE HEIGHTS**

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

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

15. Name and Surname: **SASHA-GAYE STACY-ANN STONE *****

Maiden Name: **nil**

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

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

INFORMANT(S)

19. Name and Surname: **SASHA-GAYE STACY-ANN STONE ***** **nil**

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

21. (a) Residence: **ROSE HEIGHTS** **nil**

(b)Town/Village: **MONTEGO BAY** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH MARCH, 2013** **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

OUT OF MANY, ONE PEOPLE