011205185609/2017

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
5th June, 2017

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **ANNOTTO BAY** 2. PARISH: **ST. MARY**

3. NO. **FA 778** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL ANNOTTO BAY**

5. Date of Birth: **TWENTY-SECOND AUGUST, 2009** 6. Sex: **MALE**

7. Name of Child: **USAIN JAVIER** ***

8. Physician or registered midwife in attendance: **NURSE J JAMES**

FATHER

9. Name and Surname: **KEVIN GRANT** ***

10. Age at time of birth: **32 YEARS** 11. Occupation: **TECHNICIAN**

12. Birthplace: **ST MARY**

MOTHER

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

(b) Town/Village: **HIGHGATE** (c) Parish: **ST. MARY**

14. No. of Children previously born to mother (a) Alive: **7** (b) Still-born: **nil**

15. Name and Surname: **ROSEMARIE GRANT** ***

Maiden Name: **MATHEWS** ***

16. Age at time of birth: **41 YEARS**

17. Occupation: **HOUSEWIFE** 18. Birthplace: **ST MARY**

INFORMANT(S)

19. Name and Surname: **ROSEMARIE GRANT** *** **nil**

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

21. (a) Residence: **FRAZERWOOD** **nil**

(b)Town/Village: **HIGHGATE** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-THIRD AUGUST, 2009** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

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

****** AMENDMENTS ******

1: ***LINES 15 AND 19 CHANGED TO READ ROSE MARIE GRANT FORMERLY MATTHEWS on First June, 2017***

Last line of Vital Data

We aim to satisfy

Deirdre English Gosse
Registrar General &