10204018840/2012

CERTIFICATE OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
22nd October, 2012

1. BIRTH IN THE DISTRICT OF: **LUCEA** 2. PARISH: **HANOVER**

3. NO. **MA 6659** 4. Place of Birth: **NOEL HOLMES HOSPITAL** 6. Sex: **FEMALE**

5. Date of Birth: **NINTH SEPTEMBER, 2011**

7. Name of Child: **SHENNAE BRIANA MCNISH *****

8. Physician or registered midwife in attendance: **NURSE S LYNCH**

FATHER

9. Name and Surname: **************

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **JOHNSON TOWN**

(b) Town/Village: **LUCEA** (c) Parish: **HANOVER**

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

15. Name and Surname: **PATRIEKA SHAMOY MOODIE ***** 16. Age at time of birth: **16 YEARS**

Maiden Name: **nil**

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

INFORMANT(S)

19. Name and Surname: **PATRIEKA SHAMOY MOODIE ***** **nil**

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

21. (a) Residence: **JOHNSON TOWN** **nil**

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

(c) Parish: **HANOVER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINTH SEPTEMBER, 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

Deirdre English Gosse

Registrar General &

We aim to satisfy

OUT OF MANY, ONE PEOPLE