010204963768/2016

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
13th June, 2016

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MORANT BAY** 2. PARISH: **ST. THOMAS**

3. NO. **CA 7022** 4. Place of Birth: **PRINCESS MARGARET HOSPITAL MORANT BAY**

5. Date of Birth: **TWENTY-FOURTH DECEMBER, 2005** 6. Sex: **MALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE O ALSTON**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **SUNNING HILL**

(b) Town/Village: **nil** (c) Parish: **ST. THOMAS**

14. No. of Children previously born to mother (a) Alive: **5** (b) Still-born: **nil**

15. Name and Surname: **SHARON WILLIAMS *****

Maiden Name: **nil** 16. Age at time of birth: **31 YEARS**

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

INFORMANT(S)

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

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

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

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

(c) Parish:

REGISTRAR'S CERTIFICATE

22. (b) Entered by me from the particulars on a Certificate received from: **C BATCHELOR**
CHIEF RESIDENT OFFICER

23. Witness: **nil**

24. Date: **TWENTY-NINTH DECEMBER, 2005** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **PETER-JON JAMAL WILLIAMS *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **NINTH MARCH, 2006**

Last line of Vital Data

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE