080202462730/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
6th December, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**

3. NO. **BA 4531** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **TWENTY-SECOND AUGUST, 2011** 6. Sex: **MALE**

7. Name of Child: **JUSTIN CARL REYNOLDO** ***

8. Physician or registered midwife in attendance: **DR HEDRINGTON**

FATHER

9. Name and Surname: **STEVE ALEXANDER BILLINGS** ***

10. Age at time of birth: **30 YEARS** 11. Occupation: **CUSTOMS BROKER**

12. Birthplace: **ENGLAND**

MOTHER

13. (a) Residence: **96A OLD HOPE ROAD**

(b) Town/Village: **KINGSTON 6** (c) Parish: **ST. ANDREW**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **KEISHA RENEE BISNOTT** ***

Maiden Name: **REYNOLDS** *** 16. Age at time of birth: **36 YEARS**

17. Occupation: **HUMAN RESOURCE MANAGER** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **KEISHA RENEE BISNOTT** *** **nil**

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

21. (a) Residence: **96A OLD HOPE ROAD** **nil**

(b)Town/Village: **KINGSTON 6** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-THIRD AUGUST, 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

We aim to satisfy

Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING EMBOSSED SEALS AND SIGNATURE OF REGISTRAR GENERAL

Yvette Scott

for Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

OUT OF MANY, ONE PEOPLE

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE