10204159614/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
16th April, 2013

BIRTH REGISTRATION FORM

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

3. NO. **NZ 4363** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **NINETEENTH DECEMBER, 2012** 6. Sex: **FEMALE**

7. Name of Child: **KASHENA MISHKA** ***

8. Physician or registered midwife in attendance: **NURSE M TAYLOR**

FATHER

9. Name and Surname: **KRISHNA DEMAR THOMAS** ***

10. Age at time of birth: **26 YEARS** 11. Occupation: **SPRAY PAINTER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **1 UPPER KING STREET**

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

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

15. Name and Surname: **JUDINE NALEISHA JACKSON** ***

Maiden Name: **nil**

16. Age at time of birth: **25 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**KRISHNA DEMAR THOMAS** ***	**JUDINE NALEISHA JACKSON** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**1 UPPER KING STREET**	**1 UPPER KING STREET**
(b)Town/Village:	**MONTEGO BAY**	**MONTEGO BAY**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINETEENTH DECEMBER, 2012** **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

First Free Copy for children born as of January 1, 2007 and registered with a name at birth.
Initiative of GOJ - August 17, 2006

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

Deirdre English Gosse
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

A 6814961

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Phone #1: _____ Phone #2: _____

Occupation: _____

Work Address _____

Work Phone number(s): _____

Revised 2023