

80203299632/2024

GOVERNMENT OF JAMAICA CERTIFICATION OF VITAL RECORD



Registrar General's Department

Issue Date:
21st March, 2024

BIRTH REGISTRATION FORM

1. Birth in the district of: **BLACK RIVER** 2. Parish: **ST. ELIZABETH**
3. No.: **KA 1211** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**
5. Date of Birth: **SECOND MARCH, 2012** 6. Sex: **MALE**
7. Name of Child: **DEVONTAE ANTHONIO *****
8. Physician or registered midwife in attendance: **NURSE V CHAMBERS**
9. Name and Surname: **DAVION ANTHONY GRANT ***** FATHER
10. Age at time of birth: **26 YEARS** 11. Occupation: **VENDOR**
12. Birthplace: **ST JAMES** MOTHER
13. (a) Residence: **WARMINSTER**
(b) Town/Village: **nil** (c) Parish: **ST. ELIZABETH**
14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**
15. Name and Surname: **NEISHA NASHANA FINDLAYTOR *****
Maiden Name: **nil** 16. Age at time of birth: **17 YEARS**
17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**
INFORMANT(S)
19. Name and Surname: **NEISHA NASHANA FINDLAYTOR ***** **DAVION ANTHONY GRANT *****
20. Qualification: **MOTHER** **FATHER**
21. (a) Residence: **WARMINSTER** **BLUE HOLE MONTPELIER**
(b) Town/Village: **nil** **ANCHOVY**
(c) Parish: **ST. ELIZABETH** **ST. JAMES**
REGISTRAR'S CERTIFICATE
22. (a) Signed in my presence by said informant:
23. Witness: **nil**
24. Date: **SECOND MARCH, 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

Charlton D. J. McFarlane
Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records
THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL

*Original
Seen
by S. Patter*