010805690263/2019 CERTIFICATION OF VITAL RECORD

# JAMAICA

## Registrar General's Department

**Issue Date:**
**19th September, 2019**

## BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**

3. NO. **AA 2929** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **SIXTEENTH JULY, 2006** 6. Sex: **MALE**

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

8. Physician or registered midwife in attendance: **NURSE J ROWE**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **28 FOURTH STREET**

(b) Town/Village: **JONES TOWN** (c) Parish: **ST. ANDREW**

14. No. of Children previously born to mother (a) Alive: **3** (b) Still-born: **nil**

15. Name and Surname: **CASSANDRA BILLINGS *****

Maiden Name: **nil** 16. Age at time of birth: **23 YEARS**

17. Occupation: **NIL** 18. Birthplace: **KINGSTON**

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: **S CAMMOCK WILLIAMS**

**FOR CHIEF RESIDENT OFFICER**

23. Witness: **nil**

24. Date: **TWENTY-FOURTH JULY, 2006** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **AJANIE ANANDO FAILEY *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **TENTH SEPTEMBER, 2019**

*Last line of Vital Data*