10204208930/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
21st June, 2013

BIRTH REGISTRATION FORM

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

3. NO. **NZ 5338** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **THIRTEENTH MARCH, 2013** 6. Sex: **FEMALE**

7. Name of Child: **KAMARIA KAYLEY** ***

8. Physician or registered midwife in attendance: **NURSE A THOMPSON**

FATHER

9. Name and Surname: **VIVIAN WILTON ANTHONY GORDON** ***

10. Age at time of birth: **32 YEARS** 11. Occupation: **SALES ASSISTANT**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **DUMFRIES** (c) Parish: **ST. JAMES**

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

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

15. Name and Surname: **SHEENA MADONNA REID** ***

Maiden Name: **nil** 16. Age at time of birth: **20 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**VIVIAN WILTON ANTHONY GORDON** ***	**SHEENA MADONNA REID** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**DUMFRIES**	**DUMFRIES**
(b)Town/Village:	**nil**	**nil**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FOURTEENTH MARCH, 2013** **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

Deirdre English Gosse

Registrar General &

OUT OF MANY, ONE PEOPLE

Name of Father: _____ _____

First Name Last Name

Home Address: West gate Hills

Phone #1: (876) 473-7992 Phone #2: _____

Occupation: Driver

Work Address _____

Work Phone number(s): _____