010206761265/2023

GOVERNMENT OF JAMAICA CERTIFICATION OF VITAL RECORD

GENERAL REGISTER OFFICE JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
1st June, 2023

1. Birth in the district of: **MORANT BAY** 2. Parish: **ST. THOMAS**

3. No. **CA 2879** 4. Place of Birth: **PRINCESS MARGARET HOSPITAL MORANT BAY**

5. Date of Birth: **SEVENTH SEPTEMBER, 2010** 6. Sex: **MALE**

7. Name of Child: **MALACHI LENNARD *****

8. Physician or registered midwife in attendance: **NURSE P DALEY-WHITE**

FATHER

9. Name and Surname: **NORMAN LENNARD ALLEN *****

10. Age at time of birth: **31 YEARS** 11. Occupation: **FACTORY WORKER**

12. Birthplace: **ST THOMAS**

MOTHER

13. (a) Residence: **DANVERS PEN**

(b) Town/Village: **SEAFORTH** (c) Parish: **ST. THOMAS**

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

15. Name and Surname: **ORINTHIA AFFLICK *****

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

17. Occupation: **HOME DUTIES** 18. Birthplace: **ST THOMAS**

INFORMANT(S)

19. Name and Surname:	**NORMAN LENNARD ALLEN *****	**ORINTHIA AFFLICK *****
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**DANVERS PEN**	**DANVERS PEN**
(b)Town/Village:	**SEAFORTH**	**SEAFORTH**
(c) Parish:	**ST. THOMAS**	**ST. THOMAS**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTH SEPTEMBER, 2010** **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 McFarlane

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL