010204512525/2014

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
4th August, 2014

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**

3. NO. **BA 4338** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **THIRD MAY, 2011** 6. Sex: **FEMALE**

7. Name of Child: **JAYLA HAILE McGHIE *****

8. Physician or registered midwife in attendance: **DR S WYNTER**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **1 PAWSEY ROAD**

(b) Town/Village: **KINGSTON 5** (c) Parish: **ST. ANDREW**

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

15. Name and Surname: **JADEEN ENEKA McGHIE *****

Maiden Name: **nil** 16. Age at time of birth: **27 YEARS**

17. Occupation: **RADIO PRODUCER/PRESENTER** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **JADEEN ENEKA McGHIE *****

nil

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **1 PAWSEY ROAD** **nil**

(b)Town/Village: **KINGSTON 5** **nil**

(c) Parish: **ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FOURTH MAY, 2011** **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

We aim to satisfy

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE

A7400975