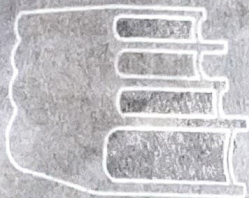


010904711011/2015

CERTIFICATION OF VITAL RECORD



JAMAICA

Registrar General's
Department

Issue Date:

18th June, 2015

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**2. PARISH: **ST. JAMES**3. NO. **NZ 7834**4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**5. Date of Birth: **FOURTEENTH JULY, 2011**6. Sex: **MALE**7. Name of Child: **AJANI TIMOTHY ALEXANDER BAKER *****8. Physician or registered midwife in attendance: **NURSE S ALLEN**9. Name and Surname: **ALDENE ONEILO ST PATRICK BAKER *****

FATHER

10. Age at time of birth: **23 YEARS**11. Occupation: **UNIVERSITY STUDENT**12. Birthplace: **ST ANN**

MOTHER

13. (a) Residence: **ROSE HEIGHTS**(b) Town/Village: **MONTEGO BAY**(c) Parish: **ST. JAMES**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **JANELLE JADEEN ANDREA NICHOLSON *****Maiden Name: **nil**16. Age at time of birth: **19 YEARS**17. Occupation: **UNIVERSITY STUDENT**18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **JANELLE JADEEN ANDREA NICHOLSON *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **ROSE HEIGHTS**

nil

(b) Town/Village: **MONTEGO BAY**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **FIFTEENTH JULY, 2011**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**27. Authority: **nil**28. Date Added: **NIL**

***** AMENDMENTS *****

1: **LINES 9-12 ADDED on Eighth June, 2015**

Last line of Vital Data



Deirdre English Gosse

