0109047110112015 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**

FATHER

9. Name and Surname: **ALDENE ONEILO ST PATRICK BAKER *****

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 *****

20. Qualification: **MOTHER**

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

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

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

nil

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

We aim to satisfy

Deirdre English Gosse