10204982480/2016

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
30th June, 2016

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**

3. NO. **AA 892** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **TWENTY-FIRST JULY, 2010** 6. Sex: **FEMALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE N STUART CHANG**

FATHER

9. Name and Surname: **EARL ALPHANSO BERRY *****

10. Age at time of birth: **30 YEARS** 11. Occupation: **POLICE OFFICER**

12. Birthplace: **ST CATHERINE**

MOTHER

13. (a) Residence: **34 FOSTER LANE**

(b) Town/Village: **nil** (c) Parish: **KINGSTON**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **SHERYL JACQUELINE LOGAN *****

Maiden Name: **nil** 16. Age at time of birth: **38 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **SHERYL JACQUELINE LOGAN *****

20. Qualification:	**MOTHER**	**nil**
21. (a) Residence:	**34 FOSTER LANE**	**nil**
(b)Town/Village:	**nil**	**nil**
(c) Parish:	**KINGSTON**	

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SECOND JULY, 2010** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **SHALOMI SHYLER *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **THIRD AUGUST, 2010**

Last line of Vital Data

We aim to satisfy

Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED FORMS DISPLAYING EMBOSSED SEALS AND SIGNATURE OF REGISTRAR GENERAL

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

OUT OF MANY, ONE PEOPLE

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EMAIL ADDRESS: