

010206169349/2021

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's  
Department

## BIRTH REGISTRATION FORM

Issue Date:  
12th July, 2021

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**  
 3. NO. **KA 9320** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**  
 5. Date of Birth: **SEVENTH NOVEMBER, 2010** 6. Sex: **MALE**  
 7. Name of Child: **RONCOLRAY JUNIOR \*\*\***

8. Physician or registered midwife in attendance: **NURSE K BLAKE**9. Name and Surname: **JUNIOR WAYNE SHAW \*\*\*** FATHER10. Age at time of birth: **28 YEARS** 11. Occupation: **TAXI OPERATOR**12. Birthplace: **ST ELIZABETH**13. (a) Residence: **GIDDY HALL** MOTHER(b) Town/Village: **nil**(c) Parish: **ST. ELIZABETH**14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**15. Name and Surname: **JULIAN CHAMBERS \*\*\***Maiden Name: **nil**17. Occupation: **SHOPKEEPER** 16. Age at time of birth: **26 YEARS**18. Birthplace: **ST CATHERINE**19. Name and Surname: **JUNIOR WAYNE SHAW \*\*\***

INFORMANT(S)

**JULIAN CHAMBERS \*\*\***20. Qualification: **FATHER****MOTHER**21. (a) Residence: **GIDDY HALL****GIDDY HALL**(b) Town/Village: **nil****nil**(c) Parish: **ST. ELIZABETH****ST. ELIZABETH**22. (a) Signed in my presence by said informant: **REGISTRAR'S CERTIFICATE**23. Witness: **nil**24. Date: **EIGHTH NOVEMBER, 2010**

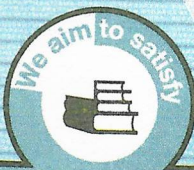
Signed by Registrar

26. Name: **nil**

Name if added after Registration of Birth

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

Last line of Vital Data

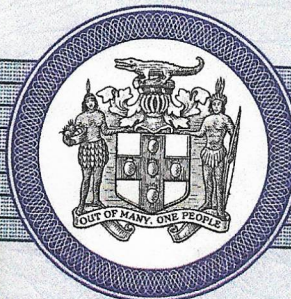


Registrar General's Department

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

*Charlton D. J. McFarlane*  
 Charlton D. J. McFarlane  
 Registrar General &  
 Deputy Keeper of the Records

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



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE