080202483996/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
15th March, 2012

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

3. NO. **BA 4937** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **SIXTEENTH FEBRUARY, 2012** 6. Sex: **MALE**

7. Name of Child: **ZACHARY NICHOLAS** ***

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

FATHER

9. Name and Surname: **WARREN CHIN** ***

10. Age at time of birth: **36 YEARS** 11. Occupation: **MEDICAL DOCTOR**

12. Birthplace: **ST ANDREW**

MOTHER

13. (a) Residence: **2 CARMELLO DRIVE VIEW PORT VILLA**

(b) Town/Village: **KINGSTON 8** (c) Parish: **ST. ANDREW**

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

15. Name and Surname: **SHERAY NICOLE CHIN** ***

Maiden Name: **WARD** *** 16. Age at time of birth: **35 YEARS**

17. Occupation: **MEDICAL DOCTOR** 18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **SHERAY NICOLE CHIN** *** **nil**

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

21. (a) Residence: **2 CARMELLO DRIVE VIEW PORT VILLA** **nil**

(b)Town/Village: **KINGSTON 8** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTEENTH FEBRUARY, 2012** **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

Yvette Scott

for Registrar General &
Deputy Keeper of the Records

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

We aim to satisfy
Registrar General's Department

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

A 6266891

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE