0102040977781/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
19th February, 2013

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **PORT ANTONIO** 2. PARISH: **PORTLAND**

3. NO. **DA 8866** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL PORT ANTONIO**

5. Date of Birth: **NINETEENTH JULY, 2010** 6. Sex: **FEMALE**

7. Name of Child: **TASAND SJAVANISH** ***

8. Physician or registered midwife in attendance: **NURSE B BURKE**

FATHER

9. Name and Surname: **ALWAYNE HUGH STEWART** ***

10. Age at time of birth: **21 YEARS** 11. Occupation: **BUSINESSMAN**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **16 NORWICH HEIGHTS**

(b) Town/Village: **PORT ANTONIO** (c) Parish: **PORTLAND**

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

15. Name and Surname: **TASHA-LEE MUNROE** ***

Maiden Name: **nil** 16. Age at time of birth: **18 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**ALWAYNE HUGH STEWART** ***	**TASHA-LEE MUNROE** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**CASHEW RIDGE**	**16 NORWICH HEIGHTS**
(b)Town/Village:	**JACKS HILL**	**PORT ANTONIO**
(c) Parish:	**ST. ANDREW**	**PORTLAND**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTIETH JULY, 2010** **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

We aim to satisfy

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE