



10204232675/2013

CERTIFICATION OF VITAL RECORD

JAMAICA
*Registrar General's
Department*
BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**
3. NO. **IA 5187** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**
5. Date of Birth: **TWENTY-NINTH APRIL, 2013** 6. Sex: **MALE**
7. Name of Child: **TYREESE RICKORY GREEN *****

8. Physician or registered midwife in attendance: **DOCTORS MILLER/BANTON**
FATHER

9. Name and Surname: *****

10. Age at time of birth: **nil**

11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **CONTENT**

(b) Town/Village: **GOSHEN**

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

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

(b) Still-born: **nil**

15. Name and Surname: **KELLIE-ANN ASHLEE POWELL *****

Maiden Name: **nil**

16. Age at time of birth: **19 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **KELLIE-ANN ASHLEE POWELL *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **CONTENT**

nil

(b) Town/Village: **GOSHEN**

nil

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

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH APRIL, 2013**

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

First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.

Initiative of GOJ - August 17, 2006



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENLARGED BOWDER
DISPLAYING EMBOSSED SIGLS AND
SIGNATURE OF REGISTRAR GENERAL

Registrar General &
Deputy Keeper of the Records

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

A 6944226

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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