CERTIFICATION OF VITAL RECORD

Registrar General's Department - Jamaica

080202394942/2010

Issue Date:
22nd December, 2010

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO: **NZ 5192** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **SIXTEENTH NOVEMBER, 2010** 6. Sex: **MALE**

7. Name of Child: **JAHLEEL JERMAINE** ***

8. Physician or registered midwife in attendance: **NURSE S JOHNSON**

FATHER

9. Name and Surname: **JERMAINE OMAR SIMPSON** ***

10. Age at time of birth: **33 YEARS** 11. Occupation: **TRAINED TEACHER**

12. Birthplace: **SAINT JAMES**

MOTHER

13. (a) Residence: **NORWOOD HEIGHTS**

(b) Town/Village: **MONTEGO BAY** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **CALETTE ALICEA SIMPSON** ***

Maiden Name: **WILLIAMS** *** 16. Age at time of birth: **30 YEARS**

17. Occupation: **TRAINED TEACHER** 18. Birthplace: **CLARENDON**

INFORMANT(S)

19. Name and Surname: **CALETTE ALICEA WILLIAMS-SIMPSON** *** **nil**

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

21. (a) Residence: **NORWOOD HEIGHTS** **nil**

(b) Town/Village: **MONTEGO BAY** **nil**

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

REGISTRAR S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SIXTEENTH NOVEMBER, 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

Patricia P. Holness
Registrar General &
Deputy Keeper of the Records

This is a true and exact reproduction of the record officially registered in the Registrar General's Department of Jamaica

Registrar General's Department RGD JAMAICA

OUT OF MANY, ONE PEOPLE

This copy not valid unless prepared on engraved border displaying embossed seal and signature of Registrar General.