

010905400655/2018

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
5th July, 2018

1. BIRTH IN THE DISTRICT OF: **MAY PEN**
3. NO. **HA 1794**
5. Date of Birth: **TWENTY-NINTH AUGUST, 2008**
7. Name of Child: **K'ALEE KIMORA STAFFORD *****
2. PARISH: **CLARENDON**
4. Place of Birth: **PUBLIC GENERAL HOSPITAL MAY PEN**
6. Sex: **FEMALE**

8. Physician or registered midwife in attendance: **DR F FRECKLETON**

9. Name and Surname: **WATSON MICHAEL DEXTER STAFFORD *****
FATHER

10. Age at time of birth: **34 YEARS**

12. Birthplace: **GRENADA**
11. Occupation: **RESTAURANT OPERATOR**

13. (a) Residence: **HAVANNAH HEIGHTS PHASE TWO**
MOTHER

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

14. No. of Children previously born to mother (a) Alive: **1**

(c) Parish: **CLARENDON**

15. Name and Surname: **KAY-ANA NICOLE VASSELL *****
(b) Still-born: **nil**

Maiden Name: **nil**

17. Occupation: **CAREGIVER**

16. Age at time of birth: **24 YEARS**

19. Name and Surname: **KAY-ANA NICOLE VASSELL *****

18. Birthplace: **ST CATHERINE**
INFORMANT(S)

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **HAVANNAH HEIGHTS PHASE TWO**

nil

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

nil

(c) Parish: **CLARENDON**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH AUGUST, 2008**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

***** AMENDMENTS *****

1: **LINES 9-12 ADDED on Twenty-Second May, 2018**

Last line of Vital Data