

10203492582/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

*Registrar General's
Department*

Issue Date:

23rd March, 2011

BIRTH REGISTRATION FORM1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**2. PARISH: **ST. JAMES**3. NO. **NZ 4872**4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**5. Date of Birth: **TWENTY-THIRD OCTOBER, 2010**6. Sex: **FEMALE**7. Name of Child: **MIKHALIA JODY-KAY ANNEISHA *****8. Physician or registered midwife in attendance: **NURSE P STERLING**

FATHER

9. Name and Surname: **HUGH ANTHONY WALTERS *****10. Age at time of birth: **43 YEARS**11. Occupation: **SECURITY GUARD**12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **SAMUEL PROSPECT**(b) Town/Village: **FALMOUTH**(c) Parish: **TRELAWNY**14. No. of Children previously born to mother (a) Alive: **2**(b) Still-born: **nil**15. Name and Surname: **NICOLA SHIREST WALKER *****Maiden Name: **nil**16. Age at time of birth: **24 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname: **HUGH ANTHONY WALTERS *******NICOLA SHIREST WALKER *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **SAMUEL PROSPECT****SAMUEL PROSPECT**(b) Town/Village: **FALMOUTH****FALMOUTH**(c) Parish: **TRELAWNY****TRELAWNY**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-THIRD OCTOBER, 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

First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.**Initiative of GOJ - August 17, 2006**

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

JAMAICA

Registrar General's
DepartmentIssue Date:
15th February, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: FALMOUTH		2. PARISH: TRELAWNY	
3. NO. OA 5199		4. Place of Birth: PUBLIC GENERAL HOSPITAL FALMOUTH	
5. Date of Birth: NINTH SEPTEMBER, 2011		6. Sex: MALE	
7. Name of Child: KAVAUN KIRK ***			
First born of Twins			
8. Physician or registered midwife in attendance: NURSE P DAWKINS-PALMER			
9. Name and Surname: AMIS KIRK GALLIMORE ***		FATHER	
10. Age at time of birth: 37 YEARS		11. Occupation: DRIVER	
12. Birthplace: TRELAWNY			
13. (a) Residence: CLARKS TOWN		MOTHER	
(b) Town/Village: nil			
14. No. of Children previously born to mother (a) Alive: 1		(c) Parish: TRELAWNY	
15. Name and Surname: SHERANE VENESHA NELSON ***		(b) Still-born: nil	
Maiden Name: nil			
17. Occupation: HOMEDUTIES		16. Age at time of birth: 26 YEARS	
		18. Birthplace: TRELAWNY	
19. Name and Surname: AMIS KIRK GALLIMORE ***		INFORMANT(S) SHERANE VENESHA NELSON ***	
20. Qualification: FATHER		MOTHER	
21. (a) Residence: CLARKS TOWN		CLARKS TOWN	
(b) Town/Village: nil		nil	
(c) Parish: TRELAWNY		TRELAWNY	
22. (a) Signed in my presence by said informant: REGISTRAR'S CERTIFICATE			
23. Witness: nil			
24. Date: NINTH SEPTEMBER, 2011			
Signed by Registrar			
26. Name: nil		Name if added after Registration of Birth	
27. Authority: nil			
		28. Date Added: NIL	

Last line of Vital Data

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Initiative of GOJ - August 17, 2006



Registrar General's Department

for

Yvette Scott
Yvette Scott

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

