

10207079412/2024

GOVERNMENT OF JAMAICA CERTIFICATION OF VITAL RECORD



Registrar General's Department

Issue Date:

19th August, 2024

BIRTH REGISTRATION FORM

1. Birth in the district of **MANDEVILLE** 2. Parish: **MANCHESTER**
3. No. **IA 3507** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**
5. Date of Birth: **TWENTY-SEVENTH NOVEMBER, 2012** 6. Sex: **FEMALE**
7. Name of Child: **KAHALEA JAMELIA DALEY *****

8. Physician or registered midwife in attendance: **NURSE S RILEY BROWN**
FATHER

9. Name and Surname: *****

10. Age at time of birth: **nil** 11. Occupation: **nil**12. Birthplace: **nil** MOTHER13. (a) Residence: **MOUNT PLEASANT**(b) Town/Village: **BALACLAVA**(c) Parish: **ST. ELIZABETH**14. No. of Children previously born to mother (a) Alive: **4**(b) Still-born: **nil**15. Name and Surname: **KEISHA ANNMARIE CUMMINGS *****Maiden Name: **FISHER *****16. Age at time of birth: **33 YEARS**17. Occupation: **HAIRDRESSER**18. Birthplace: **ST ELIZABETH**19. Name and Surname: **KEISHA ANNMARIE CUMMINGS ***** INFORMANT(S)20. Qualification: **MOTHER** **nil**21. (a) Residence: **MOUNT PLEASANT** **nil**(b) Town/Village: **BALACLAVA** **nil**(c) Parish: **ST. ELIZABETH** **nil**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-EIGHTH NOVEMBER, 2012**

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