

010204140565/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
DepartmentIssue Date:
26th March, 2013

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF:

MOUNT SALEM

2. PARISH: ST. JAMES

3. NO. NZ 3617

4. Place of Birth:

CORNWALL REGIONAL HOSPITAL

5. Date of Birth: NINETEENTH JULY, 2010

6. Sex: MALE

7. Name of Child: LAQUAN DIMANI TÉQUAN ***

8. Physician or registered midwife in attendance:

NURSE B CLARKE-FOSTER

FATHER

9. Name and Surname:

DAVION FLINT CAMPBELL ***

10. Age at time of birth:

21 YEARS

11. Occupation:

LIFEGUARD

12. Birthplace:

ST JAMES

MOTHER

13. (a) Residence:

CORBET DRIVE

(b) Town/Village:

FLANKERS

(c) Parish:

ST. JAMES

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

nil

(b) Still-born:

nil

15. Name and Surname:

LEONNE SCARLETT ***

Maiden Name:

nil

16. Age at time of birth:

19 YEARS

17. Occupation:

HOMEDUTIES

18. Birthplace:

ST JAMES

INFORMANT(S)

19. Name and Surname:

DAVION FLINT CAMPBELL ***

LEONNE SCARLETT ***

20. Qualification:

FATHER

MOTHER

21. (a) Residence:

RED DIRT

CORBET DRIVE

(b) Town/Village:

FLANKERS

FLANKERS

(c) Parish:

ST. JAMES

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness:

nil

24. Date: NINETEENTH JULY, 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

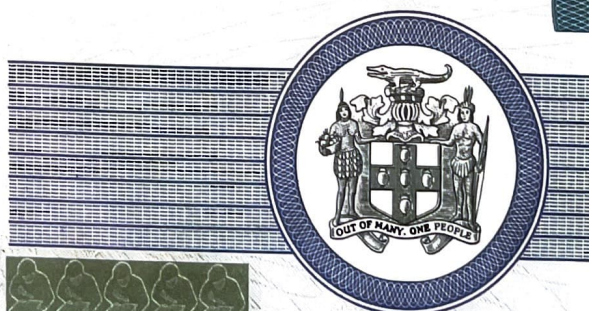


Registrar General's Department

Deirdre English Gosse

Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 6789420



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE