010203874322/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
4th May, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN** 2. PARISH: **ST. CATHERINE**

3. NO: **EA 1988** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**

5. Date of Birth: **TWENTY-SECOND JANUARY, 2012** 6. Sex: **MALE**

7. Name of Child: **JAMARIO JADON DIXON *****

8. Physician or registered midwife in attendance: **DRS HUNTER / HTUT**

FATHER

9. Name and Surname: **********

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **26 ELLERSLIE PEN**

(b) Town/Village: **SPANISH TOWN** (c) Parish: **ST. CATHERINE**

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

15. Name and Surname: **SHANEIL MELLISA LEE *****

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

17. Occupation: **NIL** 18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **SHANEIL MELLISA LEE *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **26 ELLERSLIE PEN**

nil

(b)Town/Village: **SPANISH TOWN**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-THIRD JANUARY, 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

We aim to satisfy

for Yvette Scott

Registrar General &