

080202529456/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

*Registrar General's
Department***Issue Date:**
26th October, 2012**BIRTH REGISTRATION FORM**1. BIRTH IN THE DISTRICT OF **HALF WAY TREE**2. PARISH: **ST. ANDREW**3. NO. **BA 5353**4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**5. Date of Birth: **EIGHTH OCTOBER, 2012**6. Sex: **MALE**7. Name of Child: **JOSHUA MICHAEL *****8. Physician or registered midwife in attendance: **DR K BUCHANAN**

FATHER

9. Name and Surname: **RICHARD MICHAEL McGHIE *****10. Age at time of birth: **32 YEARS**11. Occupation: **CUSTOMER CARE MANAGER**12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **APT 106A OXFORD MANOR 10-12 OXFORD RD**(b) Town/Village: **KINGSTON 5**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **DORAINE RENAE JOSEPHS *****Maiden Name: **nil**16. Age at time of birth: **31 YEARS**17. Occupation: **SWITCH ENGINEER**18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **RICHARD MICHAEL McGHIE *******DORAINE RENAE JOSEPHS *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **APT 106A OXFORD MANOR 10-12 OXFORD RD****APT 106A OXFORD MANOR 10-12 OXFORD RD**(b) Town/Village: **KINGSTON 5****KINGSTON 5**(c) Parish: **ST. ANDREW****ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **EIGHTH OCTOBER, 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*

Registrar General's Department

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

A 6589480



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE