10204143273/2013 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
27th March, 2013

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2 PARISH: **ST. ANDREW**

3 NO **BY 1242** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

5 Date of Birth **SEVENTH JANUARY, 2013** 6. Sex. **MALE**

7 Name of Child **DARIUS MARLON JOSH** ***

8 Physician or registered midwife in attendance: **STAFF MIDWIFE C CHARLTON**

FATHER

9. Name and Surname: **MARLON RODCLIFFE FLETCHER** ***

10 Age at time of birth: **37 YEARS** 11. Occupation: **BUSINESSMAN**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **LOT 266 8 WEST EPSOM**

(b) Town/Village. **GREATER PORTMORE** (c) Parish **ST. CATHERINE**

14. No of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15 Name and Surname: **LATOYA L'AMOUR FLETCHER** ***

Maiden Name: **JOHNSON** *** 16 Age at time of birth **31 YEARS**

17 Occupation **OFFICE CLERK** 18. Birthplace **HANOVER**

INFORMANT(S)

19. Name and Surname	**LATOYA L'AMOUR FLETCHER** ***	nil
20 Qualification.	**MOTHER**	nil
21. (a) Residence.	**LOT 266 8 WEST EPSOM**	nil
(b)Town/Village:	**GREATER PORTMORE**	nil
(c) Parish:	**ST. CATHERINE**	UNKNOWN

REGISTRAR'S CERTIFICATE

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

23 Witness: **nil**

24. Date: **EIGHTH JANUARY, 2013** **Signed by Registrar**

Name if added after Registration of Birth

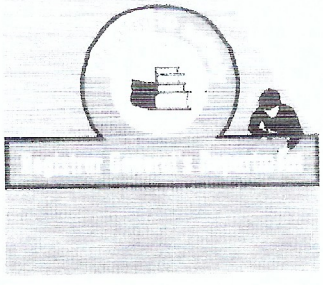
26. Name. **nil**

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

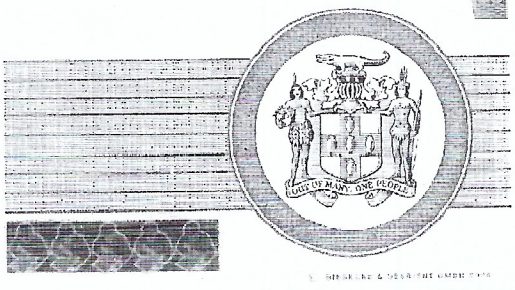


Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 0782198



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

10204119489/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
6th March, 2013

1 BIRTH IN THE REGISTRATION DISTRICT OF: SPANISH TOWN — PARISH: ST. CATHERINE

2 NO: EA 5646 — 3 PLACE OF BIRTH: PUBLIC GENERAL HOSPITAL SPANISH TOWN

4 Date of Birth: FIFTH OCTOBER, 2012 — 5 Sex: MALE

6 Name of Child: TRISTAN MAHLIQUE ***

7 Physician or duly sworn midwife in attendance: NURSE C BRYAN

FATHER

8 Name and Surname: NICKADO VALENTINE BROWN ***

9 Age at time of birth: 30 YEARS — 11 Occupation: CABLE TECHNICIAN

12 Birthplace: PORTLAND

MOTHER

13 (a) Residence: 221 SWALLOW PLACE INNSWOOD VILLAGE

(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: TONIA-GAY JESSICA EDWARDS ***

Maiden Name: nil — 16 Age at time of birth: 23 YEARS

17 Occupation: HOMEDUTIES — 18 Birthplace: ST CATHERINE

INFORMANT(S)

19 Name and Surname	TONIA-GAY JESSICA EDWARDS ***	NICKADO VALENTINE BROWN ***
20 Qualification	MOTHER	FATHER
21 (a) Residence	221 SWALLOW PLACE INNSWOOD VILLAGE	17 MAHOE DRIVE
(b) Town/Village	SPANISH TOWN	SPANISH TOWN
(c) Parish	ST. CATHERINE	ST. CATHERINE

REGISTRAR'S CERTIFICATE

22 (a) Signed in my presence by said informant

23 Witness: nil

24 Date: SIXTH 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

First Free Copy for children born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006

We aim to serve
Registrar General's Department

Deirdre English Gossè

Registrar General &
Deputy Keeper of the Records

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A 6755301

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

10204428031/2014

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
16th April, 2014

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**

3. NO. **BA 6148** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **TENTH NOVEMBER, 2013** 6. Sex: **MALE**

7. Name of Child: **RAJHAD ROMEO J'LEN** ***

8. Physician or registered midwife in attendance: **DR L GOLDSON**

FATHER

9. Name and Surname: **ROMEO AGUSTUS ROOMES** ***

10. Age at time of birth: **40 YEARS** 11. Occupation: **BUSINESSMAN**

12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **15B ARNOLD ROAD**

(b) Town/Village: **KINGSTON 4** (c) Parish: **KINGSTON**

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

15. Name and Surname: **ASHEAKA ANN-MARIE WATSON** ***

Maiden Name: **nil** 16. Age at time of birth: **20 YEARS**

17. Occupation: **BUSINESSWOMAN** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname:	**ASHEAKA ANN-MARIE WATSON** ***	**ROMEO AGUSTUS ROOMES** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**15B ARNOLD ROAD**	**15B ARNOLD ROAD**
(b)Town/Village:	**KINGSTON 4**	**KINGSTON 4**
(c) Parish:	**KINGSTON**	**KINGSTON**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **ELEVENTH NOVEMBER, 2013** **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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

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OF THE RECORD OFFICIALLY REGISTERED IN THE
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A 7293382

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

10204201661/2013

JAMAICA

Registrar General's Department

Issue Date:
28th June, 2013

BIRTH REGISTRATION FORM

1 Birth in the District of KINGSTON — 2 Parish KINGSTON

3 No. AA 4025 — 4 Place of Birth VICTORIA JUBILEE HOSPITAL

5 Date of Birth FOURTEENTH MARCH, 2013 — 6 Sex MALE

7 Name of Child JENAR SOLOMON JAY'VION MALACHI ***

8 Physician or registered midwife in attendance NURSE J MILLER

FATHER

9 Name and Surname JEROME ANTHONY REID ***

10 Age at time of birth 22 YEARS — 11 Occupation SALES REPRESENTATIVE

12 Birthplace KINGSTON

MOTHER

13 (a) Residence 5 PLANTAIN AVENUE

(b) Town/Village KINGSTON 11 — (c) Parish ST. ANDREW

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

15 Name and Surname GABRIELLE SHAKIERA MCCAULSKY ***

Maiden Name nil — 16 Age at time of birth 20 YEARS

17 Occupation HOMEDUTIES — 18 Birthplace KINGSTON

INFORMANT(S)

19 Name and Surname	GABRIELLE SHAKIERA MCCAULSKY ***	JEROME ANTHONY REID ***
20 Qualification	MOTHER	FATHER
21 (a) Residence	5 PLANTAIN AVENUE	41 RED HILLS ROAD
(b) Town/Village	KINGSTON 11	KINGSTON 10
(c) Parish	ST. ANDREW	ST. ANDREW

REGISTRAR'S CERTIFICATE

22 (a) Signed in my presence by said informant

23 Witness nil

24 Date FIFTEENTH MARCH, 2013 — Signed by Registrar

Name if added after Registration of Birth

25 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

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
12th September, 2013

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**

3. NO. **BY 2269** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

5. Date of Birth: **TWENTIETH JULY, 2013** 6. Sex: **MALE**

7. Name of Child: **CHRISTIAN TAVERE CHAPLIN *****

8. Physician or registered midwife in attendance: **DR C DALEY**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **5 EAST AVENUE**

(b) Town/Village: **KINGSTON 16** (c) Parish: **KINGSTON**

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

15. Name and Surname: **LATOYA ALLISON WILLIAMS *****

Maiden Name: **nil** 16. Age at time of birth: **26 YEARS**

17. Occupation: **SECRETARY** 18. Birthplace: **ST MARY**

INFORMANT(S)

19. Name and Surname: **LATOYA ALLISON WILLIAMS *****

20. Qualification:	**MOTHER**	**nil**
21. (a) Residence:	**5 EAST AVENUE**	**nil**
(b)Town/Village:	**KINGSTON 16**	**nil**
(c) Parish:	**KINGSTON**	**UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST JULY, 2013** **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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

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REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 7034750

OUT OF MANY, ONE PEOPLE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

080202547723/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
22nd February, 2013

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: HALF WAY TREE — 2. PARISH: ST. ANDREW
3. NO: BA 5619 — 4. Place of Birth: ANDREWS MEMORIAL HOSPITAL
5. Date of Birth: SIXTH FEBRUARY 2013 — 6. Sex: MALE
7. Name of Child: ADRIANO JORDON ***

8. Physician or registered midwife in attendance: DR L MEADE

FATHER

9. Name and Surname: ANDREW EVERETT SMYTHE ***
10. Age at time of birth: 33 YEARS — 11. Occupation: ELECTRICIAN
12. Birthplace: ST ELIZABETH

MOTHER

13. (a) Residence: 759 BREADNUT STREET
(b) Town/Village: GREATER PORTMORE — (c) Parish: ST. CATHERINE
14. No. of Children previously born to mother (a) Alive: nil — (b) Still-born: nil
15. Name and Surname: PETA-GAY AURIELE SMYTHE ***
Maiden Name: LEWIS *** — 16. Age at time of birth: 24 YEARS
17. Occupation: ACCOUNTING OFFICER — 18. Birthplace: KINGSTON

INFORMANT(S)

19. Name and Surname: PETA-GAY AURIELE SMYTHE *** — nil
20. Qualification: MOTHER — nil
21. (a) Residence: 759 BREADNUT STREET — nil
(b) Town/Village: GREATER PORTMORE — nil
(c) Parish: ST. CATHERINE

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: nil
24. Date: SEVENTH FEBRUARY, 2013 — 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 Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 6739358

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

GOVERNMENT OF JAMAICA CERTIFICATION OF VITAL RECORD

10206936265/2024

GENERAL REGISTER OFFICE JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
10th January, 2024

1. Birth in the district of: KINGSTON
2. Parish: KINGSTON
3. No. AA 5277
4. Place of Birth: VICTORIA JUBILEE HOSPITAL
5. Date of Birth: SEVENTEENTH MAY, 2013
6. Sex: MALE
7. Name of Child: DEANDRE OMARI ***
8. Physician or registered midwife in attendance: NURSE V ROSE

FATHER

9. Name and Surname: CASSIUS SYLVESTER FRAY ***
10. Age at time of birth: 33 YEARS
11. Occupation: TAXI DRIVER
12. Birthplace: KINGSTON

MOTHER

13. (a) Residence: 5 MALVERN AVENUE
(b) Town/Village: nil
(c) Parish: KINGSTON
14. No. of Children previously born to mother (a) Alive: 2
(b) Still-born: nil
15. Name and Surname: CLAUDIA MERINE MITCHELL ***
16. Age at time of birth: 32 YEARS
Maiden Name: nil
17. Occupation: SECURITY OFFICER
18. Birthplace: CLARENDON

INFORMANT(S)

19. Name and Surname: CLAUDIA MERINE MITCHELL ***
CASSIUS SYLVESTER FRAY ***
20. Qualification: MOTHER
FATHER
21. (a) Residence: 5 MALVERN AVENUE
116 MOUNTAIN VIEW AVENUE
(b)Town/Village: nil
KINGSTON 3
(c) Parish: KINGSTON
KINGSTON

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: nil
24. Date: SEVENTEENTH MAY, 2013
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

Charlton McFarlane

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records
THIS CERTIFICATE IS NOT VALID UNLESS

10204362081/2014

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
17th January, 2014

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: UNIVERSITY OF THE WEST INDIES 2. PARISH: ST. ANDREW

3. NO. BY 2356 4. Place of Birth: UNIVERSITY HOSPITAL OF THE WEST INDIES

5. Date of Birth: FIFTH AUGUST, 2013 6. Sex: MALE

7. Name of Child: SAMUEL ANDREW ***

8. Physician or registered midwife in attendance: DRS S MITCHELL/J JARRETT

FATHER

9. Name and Surname: CORDEL ANDREW THOMPSON ***

10. Age at time of birth: 36 YEARS 11. Occupation: FUEL SUPERVISOR

12. Birthplace: KINGSTON

MOTHER

13. (a) Residence: 19A SAVANNAH CLOSE

(b) Town/Village: KINGSTON 2 (c) Parish: KINGSTON

14. No. of Children previously born to mother (a) Alive: 1 (b) Still-born: nil

15. Name and Surname: JOSSETTE ANGELLA THOMPSON ***

Maiden Name: EUTER *** 16. Age at time of birth: 40 YEARS

17. Occupation: IMMIGRATION OFFICER 18. Birthplace: ST MARY

INFORMANT(S)

19. Name and Surname: JOSSETTE ANGELLA THOMPSON *** nil

20. Qualification: MOTHER nil

21. (a) Residence: 19A SAVANNAH CLOSE nil

(b)Town/Village: KINGSTON 2 nil

(c) Parish: KINGSTON UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: nil

24. Date: SIXTH AUGUST, 2013 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

Deirdre English Gosse

Registrar General &

10204369654/2014

CERTIFICATION OF VITAL RECORDS

JAMAICA

Registrar General's Department

Issue Date:
23rd January, 2014

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**

3. NO. **BY 2572** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

6. Sex: **MALE**

5. Date of Birth: **SEVENTH SEPTEMBER, 2013**

7. Name of Child: **KYLE GEORGE** ***

8. Physician or registered midwife in attendance: **STAFF MIDWIFE K ALLEN**

FATHER

9. Name and Surname: **BRENTON GEORGE HINDS** ***

10. Age at time of birth: **34 YEARS** 11. Occupation: **SYSTEMS SUPPORT ASSISTANT**

12. Birthplace: **ST ANDREW**

MOTHER

13. (a) Residence: **103 PALMETTO WAY PASSAGEFORT**

(b) Town/Village: **GREGORY PARK** (c) Parish: **ST. CATHERINE**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **KEMESHA KAYANNA CURRIE** ***

Maiden Name: **nil** 16. Age at time of birth: **27 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname:	**KEMESHA KAYANNA CURRIE** ***	**BRENTON GEORGE HINDS** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**103 PALMETTO WAY PASSAGEFORT**	**3 STAPLETON AVENUE PASSAGEFORT**
(b)Town/Village:	**GREGORY PARK**	**GREGORY PARK**
(c) Parish:	**ST. CATHERINE**	**ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTH SEPTEMBER, 2013** **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

Deirdre English Gosse

Registrar General &

OUT OF MANY, ONE PEOPLE

10204427417/2014

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
10th April, 2014

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: UNIVERSITY OF THE WEST INDIES 2 PARISH: ST. ANDREW

3. NO. BY 3155 4. Place of Birth: UNIVERSITY HOSPITAL OF THE WEST INDIES

5. Date of Birth: TWENTY-NINTH NOVEMBER, 2013 6 Sex: MALE

7. Name of Child: NICOLAS O'RGARD ***

8. Physician or registered midwife in attendance: DRS A BRATHWAITE/N MEDLEY

FATHER

9. Name and Surname: PAUL O'RGARD EVANS ***

10. Age at time of birth: 35 YEARS 11. Occupation: HEAVY EQUIPMENT OPERATOR

12. Birthplace: ST CATHERINE

MOTHER

13. (a) Residence: 19 PARIS AVENUE PASSAGEFORT

(b) Town/Village: WATERFORD (c) Parish: ST. CATHERINE

14. No. of Children previously born to mother (a) Alive: 1 (b) Still-born: nil

15. Name and Surname: TAMIKA NAYDIA GEORGIANA BARKER ***

Maiden Name: nil 16. Age at time of birth: 34 YEARS

17. Occupation: TEACHER 18. Birthplace: KINGSTON

INFORMANT(S)

19. Name and Surname:	TAMIKA NAYDIA GEORGIANA BARKER ***	PAUL O'RGARD EVANS ***
20. Qualification:	MOTHER	FATHER
21. (a) Residence:	19 PARIS AVENUE PASSAGEFORT	19 PARIS AVENUE PASSAGEFORT
(b)Town/Village:	WATERFORD	WATERFORD
(c) Parish:	ST. CATHERINE	ST. CATHERINE

REGISTRAR'S CERTIFICATE

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

23. Witness: nil

24. Date: THIRTIETH NOVEMBER, 2013 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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 7281023

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

010904733324/2015

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
22nd July, 2015

BIRTH REGISTRATION FORM

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

3. NO. **EA 1620** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**

5. Date of Birth: **TWENTY-SECOND OCTOBER, 2013** 6. Sex: **MALE**

7. Name of Child: **KENVAL RICHARD DUNKLEY *****

8. Physician or registered midwife in attendance: **NURSE V MARCH BROWN**

FATHER

9. Name and Surname: **RICHARD DUNKLEY *****

10. Age at time of birth: **49 YEARS** 11. Occupation: **NIL**

12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **674 PAISLEY CLOSE WINDSOR HEIGHTS**

(b) Town/Village: **CENTRAL VILLAGE** (c) Parish: **ST. CATHERINE**

14. No. of Children previously born to mother (a) Alive: **4** (b) Still-born: **nil**

15. Name and Surname: **JANET CARMEN STEPHENSON *****

Maiden Name: **nil**

17. Occupation: **HOMEDUTIES** 16. Age at time of birth: **41 YEARS**

18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **JANET CARMEN STEPHENSON ***** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **674 PAISLEY CLOSE WINDSOR HEIGHTS** **nil**

(b)Town/Village: **CENTRAL VILLAGE** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SECOND OCTOBER, 2013** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil** 28. Date Added: **NIL**

1: ***LINES 9-12 ADDED on Ninth July, 2015*** ****** **AMENDMENTS** ******

Last line of Vital Data

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

We aim to satisfy

OUT OF MANY, ONE PEOPLE