

010205645561/2019

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's  
DepartmentIssue Date:  
3rd July, 2019

## BIRTH REGISTRATION FORM

|                                                          |                               |                                           |                                        |
|----------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------------------|
| 1. BIRTH IN THE DISTRICT OF:                             | SAVANNA-LA-MAR                | 2. PARISH:                                | WESTMORELAND                           |
| 3. NO.                                                   | LA 4445                       | 4. Place of Birth:                        | PUBLIC GENERAL HOSPITAL SAVANNA-LA-MAR |
| 5. Date of Birth:                                        | NINTH SEPTEMBER, 2013         | 6. Sex:                                   | MALE                                   |
| 7. Name of Child:                                        | OBRIAN CLIFFORD ***           |                                           |                                        |
| 8. Physician or registered midwife in attendance:        | NURSE C SMART                 |                                           |                                        |
| 9. Name and Surname:                                     | DONAVAN CLIFFORD CAMPBELL *** | FATHER                                    |                                        |
| 10. Age at time of birth:                                | 26 YEARS                      | 11. Occupation:                           | CHEF                                   |
| 12. Birthplace:                                          | WESTMORELAND                  |                                           |                                        |
| 13. (a) Residence:                                       | NOMPRIEL ROAD                 | MOTHER                                    |                                        |
| (b) Town/Village:                                        | NEGRIL                        | (c) Parish:                               | WESTMORELAND                           |
| 14. No. of Children previously born to mother (a) Alive: | 1                             | (b) Still-born:                           | nil                                    |
| 15. Name and Surname:                                    | KADIAN THOMPSON ***           |                                           |                                        |
| Maiden Name:                                             | nil                           | 16. Age at time of birth:                 | 22 YEARS                               |
| 17. Occupation:                                          | BUSINESSWOMAN                 | 18. Birthplace:                           | ST CATHERINE                           |
| 19. Name and Surname:                                    | KADIAN THOMPSON ***           | INFORMANT(S)                              | DONAVAN CLIFFORD CAMPBELL ***          |
| 20. Qualification:                                       | MOTHER                        | FATHER                                    |                                        |
| 21. (a) Residence:                                       | NOMPRIEL ROAD                 | NOMPRIEL ROAD                             |                                        |
| (b) Town/Village:                                        | NEGRIL                        | NEGRIL                                    |                                        |
| (c) Parish:                                              | WESTMORELAND                  | WESTMORELAND                              |                                        |
| 22. (a) Signed in my presence by said informant:         | REGISTRAR'S CERTIFICATE       |                                           |                                        |
| 23. Witness:                                             | nil                           |                                           |                                        |
| 24. Date:                                                | TENTH SEPTEMBER, 2013         | Signed by Registrar                       |                                        |
| 26. Name:                                                | nil                           | Name if added after Registration of Birth |                                        |
| 27. Authority:                                           | nil                           | 28. Date Added:                           | NIL                                    |

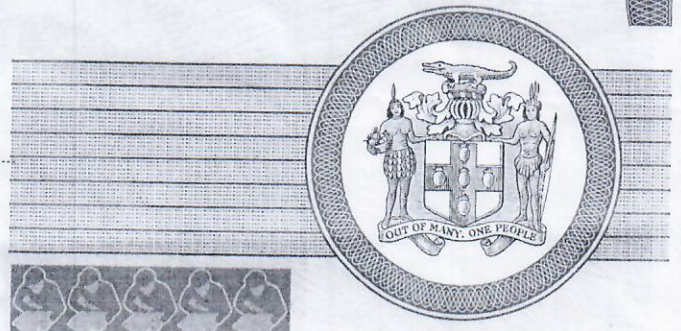
Last line of Vital Data



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS  
PREPARED ON ENGRAVED BORDER  
PLAYING EMBOSSED SEALS AND  
SIGNATURE OF REGISTRAR GENERALRegistrar General &  
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE  
OF THE RECORD OFFICIALLY REGISTERED IN THE  
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE