010205206703/2017

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
10th July, 2017

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 5970** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **ELEVENTH JANUARY, 2011** 6. Sex: **MALE**

7. Name of Child: **DAMION OKIENO LEWIS *****

8. Physician or registered midwife in attendance: **NURSE E CUNNINGHAM**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **KEMPSHOT**

(b) Town/Village: **HOPETON** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **KEISHA CANDY THOMAS *****

Maiden Name: **nil**

16. Age at time of birth: **17 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **KEISHA CANDY THOMAS ***** **nil**

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

21. (a) Residence: **KEMPSHOT** **nil**

(b)Town/Village: **HOPETON** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **ELEVENTH JANUARY, 2011** **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

trar General's Department

CERTIFICATE NOT VALID UNLESS
PRINTED ON ENGRAVED BORDER
BEARING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL

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

OUT OF MANY, ONE PEOPLE

A 8448866

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE