080202762518/2016

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
4th January, 2017

BIRTH REGISTRATION FORM

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

3. NO. **NZ 1561** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TENTH MAY, 2012** 6. Sex: **FEMALE**

7. Name of Child: **ADRIANNA PAIGE *****

8. Physician or registered midwife in attendance: **NURSE M FULLER**

FATHER

9. Name and Surname: **BALTAN GEORGE CAMMOCK *****

10. Age at time of birth: **38 YEARS** 11. Occupation: **CARVER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **BARRETT TOWN**

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

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

15. Name and Surname: **NATOYA SHERNETTE CAMPBELL *****

Maiden Name: **nil** 16. Age at time of birth: **22 YEARS**

17. Occupation: **CASHIER** 18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname:	NATOYA SHERNETTE CAMPBELL ***	BALTAN GEORGE CAMMOCK ***
20. Qualification:	MOTHER	FATHER
21. (a) Residence:	BARRETT TOWN	BARRETT TOWN
(b)Town/Village:	LITTLE RIVER	LITTLE RIVER
(c) Parish:	ST. JAMES	ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **ELEVENTH MAY, 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

DEGosse

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

We aim to satisfy

Registrar General's Department

OUT OF MANY, ONE PEOPLE

© GIESECKE & DEVRIENT GMBH 2006

THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING EMBOSSED SEALS AND SIGNATURE OF REGISTRAR GENERAL

A 8263924

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE