

010206502051/2022

CERTIFICATE OF BIRTH RECORD

JAMAICA

Registrar General's
DepartmentIssue Date:
29th July, 2022

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN** 2. PARISH: **ST. CATHERINE**
 3. NO: **EA 5904** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**
 5. Date of Birth: **NINETEENTH OCTOBER, 2012** 6. Sex: **FEMALE**
 7. Name of Child: **JAILA SHANTAVIA *****

8. Physician or registered midwife in attendance: **NURSE P GORDON**9. Name and Surname: **ANDRE NEIL PALMER ***** FATHER10. Age at time of birth: **26 YEARS**11. Occupation: **AIRCONDITION TECHNICIAN**12. Birthplace: **ST CATHERINE**

MOTHER

13. (a) Residence: **487 PORTMORE VILLA DRIVE**(b) Town/Village: **GREGORY PARK**(c) Parish: **ST. CATHERINE**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **CAYDEAN STACYANN COLLINS *****Maiden Name: **nil**16. Age at time of birth: **21 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **CAYDEAN STACYANN COLLINS ***** ANDRE NEIL PALMER ***20. Qualification: **MOTHER** FATHER21. (a) Residence: **487 PORTMORE VILLA DRIVE** 9TH STREET 3 NORTH(b) Town/Village: **GREGORY PARK** GREATER PORTMORE(c) Parish: **ST. CATHERINE** ST. CATHERINE

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **NINETEENTH OCTOBER, 2012**

Signed by Registrar

Name if added after Registration of Birth

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

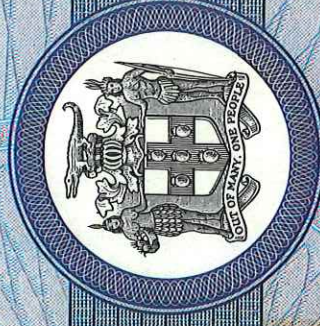
Last line of Vital Data



Registrar General's Department

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

THIS 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