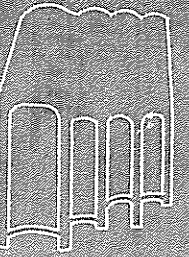


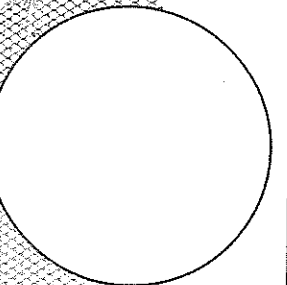
10203823935/2012

CERTIFICATION OF VITAL RECORD

JAMAICA



*Registrar General's
Department*



Issue Date:
6th March 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **JA-9165** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

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

7. Name of Child: **A-JAMAL EIJON *****

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

9. Name and Surname: **JERMONE ROY BLAKE ***** FATHER

10. Age at time of birth: **20 YEARS** 11. Occupation: **FARMER**

12. Birthplace: **ST ANN**

13. (a) Residence: **BOHEMIA** MOTHER

(b) Town/Village: **nil** (c) Parish: **ST. ANN**

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

15. Name and Surname: **SHAKERA AMOY BROWN *****

Maiden Name: **nil**

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

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

19. Name and Surname: **JERMONE ROY BLAKE ***** INFORMANT(S): **SHAKERA AMOY BROWN *****

20. Qualification: **FATHER** MOTHER

21. (a) Residence: **BOHEMIA**

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

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

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

REGISTRARS CERTIFICATE

23. Witness: **nil**

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

Signed by Registrar

Name if added after Registration at Birth