010206285134/2021 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
1st October, 2021

BIRTH REGISTRATION FORM

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

3. NO. **NZ 9770** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **SIXTH SEPTEMBER, 2009** 6. Sex: **MALE**

7. Name of Child: **DEYON DERON BAILEY *****

8. Physician or registered midwife in attendance: **NURSE S COCHRANE**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **PLANTATION HEIGHTS**

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

14. No. of Children previously born to mother (a) Alive: **4** (b) Still-born: **nil**

15. Name and Surname: **KEADEANE VEDESHA SHAW *****

Maiden Name: **nil** 16. Age at time of birth: **27 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **KEADEANE VEDESHA SHAW *****

20. Qualification: **MOTHER**

21. (a) Residence: **PLANTATION HEIGHTS**

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

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SIXTH SEPTEMBER, 2009** **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

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

OUT OF MANY, ONE PEOPLE