

080202570592/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
14th June, 2013

1. BIRTH IN THE DISTRICT OF: **CROSS ROADS** 2. PARISH: **ST. ANDREW**
3. NO. **BM 3465** 4. Place of Birth: **NUTTALL MEMORIAL HOSPITAL**
5. Date of Birth: **FIFTEENTH FEBRUARY, 2013** 6. Sex: **FEMALE**
7. Name of Child: **SHENEL PETRIA *****

8. Physician or registered midwife in attendance: **DR E A DIXON**9. Name and Surname: **LESTER WINSTON FEARON ***** FATHER10. Age at time of birth: **31 YEARS** 11. Occupation: **TRUCKER**12. Birthplace: **ST CATHERINE**

MOTHER

13. (a) Residence: **7 ROCKHAMPTON DRIVE**(b) Town/Village: **KINGSTON 8**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **3** (b) Still-born: **nil**15. Name and Surname: **SIMONE PETRIA FEARON *****Maiden Name: **DAVIS *****16. Age at time of birth: **32 YEARS**17. Occupation: **TEACHER**18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **LESTER WINSTON FEARON ***** nil20. Qualification: **FATHER** nil21. (a) Residence: **7 ROCKHAMPTON DRIVE** nil(b) Town/Village: **KINGSTON 8** nil(c) Parish: **ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **EIGHTEENTH FEBRUARY, 2013**

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

*Deirdre English Gosse*
Deirdre English GosseRegistrar General &
Deputy Keeper of the Records