010204688081/2015

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
30th April, 2015

BIRTH REGISTRATION FORM

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

3. NO. **IA 3538** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **THIRTIETH NOVEMBER, 2012** 6. Sex: **FEMALE**

7. Name of Child: **ASHANTI ADREANNA ROBINSON *****

8. Physician or registered midwife in attendance: **NURSE H DENTON**

FATHER

9. Name and Surname: **DAVID DAMION ROBINSON *****

10. Age at time of birth: **21 YEARS** 11. Occupation: **TAXI OPERATOR**

12. Birthplace: **MANCHESTER**

MOTHER

13. (a) Residence: **BERRY HILL**

(b) Town/Village: **KNOCKPATRICK** (c) Parish: **MANCHESTER**

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

15. Name and Surname: **SAMANTHA OUCEENA POWELL *****

Maiden Name: **nil**

16. Age at time of birth: **19 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **SAMANTHA OUCEENA POWELL *****

20. Qualification: **MOTHER**

21. (a) Residence: **BERRY HILL**

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

(c) Parish: **MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH NOVEMBER, 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

HOLMWOOD TECHNICAL HIGH SCHOOL * DEEDS NOT WORDS *

We aim to satisfy

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE