

010204688081/2015

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

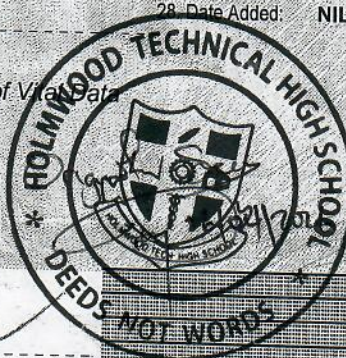
Issue Date:

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**
9. Name and Surname: **DAVID DAMION ROBINSON ***** FATHER
10. Age at time of birth: **21 YEARS** 11. Occupation: **TAXI OPERATOR**
12. Birthplace: **MANCHESTER**
13. (a) Residence: **BERRY HILL** MOTHER
(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**
19. Name and Surname: **SAMANTHA OUCEENA POWELL ***** INFORMANT(S) **nil**
20. Qualification: **MOTHER** **nil**
21. (a) Residence: **BERRY HILL** **nil**
(b) Town/Village: **KNOCKPATRICK** **nil**
(c) Parish: **MANCHESTER** **nil**
22. (a) Signed in my presence by said informant: **REGISTRAR'S CERTIFICATE**
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



Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records