0102050035555/2016 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
15th August, 2016

1. BIRTH IN THE DISTRICT OF: **FALMOUTH** 2. PARISH: **TRELAWNY**

3. NO. **OA 5940** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL FALMOUTH**

5. Date of Birth: **TENTH OCTOBER, 2012** 6. Sex: **MALE**

7. Name of Child: **TAMAR RANALDO** ***

8. Physician or registered midwife in attendance: **NURSE G EDWARDS**

FATHER

9. Name and Surname: **OMAR BELL** ***

10. Age at time of birth: **32 YEARS** 11. Occupation: **MASON**

12. Birthplace: **TRELAWNY**

MOTHER

13. (a) Residence: **SHERWOOD CONTENT**

(b) Town/Village: **nil** (c) Parish: **TRELAWNY**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **CAMAY CASHONIE GORDON** ***

Maiden Name: **nil** 16. Age at time of birth: **24 YEARS**

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

INFORMANT(S)

19. Name and Surname: **OMAR BELL** *** **CAMAY CASHONIE GORDON** ***

20. Qualification: **FATHER** **MOTHER**

21. (a) Residence: **SHERWOOD CONTENT** **SHERWOOD CONTENT**

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

(c) Parish: **TRELAWNY** **TRELAWNY**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TENTH OCTOBER, 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