10203758976/2011

CA

Registrar General's Department

Issue Date: 2nd December, 2011

BIRTH REGISTRATION FORM

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

3. NO. IA 5190 4. Place of Birth: MANDEVILLE REGIONAL HOSPITAL

5. Date of Birth: SECOND DECEMBER, 2010 6. Sex: FEMALE

7. Name of Child: MEKILE TASHANNA VIRTUE ***

8. Physician or registered midwife in attendance: DOCTORS GLORY/CLARKE

FATHER

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

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

12. Birthplace: nil

MOTHER

13. (a) Residence: LOWER CHRISTIANA

(b) Town/Village: CHRISTIANA (c) Parish: MANCHESTER

14. No. of Children previously born to mother (a) Alive: 5 (b) Still-born: nil

15. Name and Surname: SHERENE NICOLA WHITE ***

Maiden Name: nil 16. Age at time of birth: 34 YEARS

17. Occupation: HOME DUTIES 18. Birthplace: MANCHESTER

INFORMANT(S)

19. Name and Surname: SHERENE NICOLA WHITE *** nil

20. Qualification: MOTHER nil

21. (a) Residence: LOWER CHRISTIANA nil

(b)Town/Village: CHRISTIANA nil

(c) Parish: MANCHESTER

REGISTRAR'S CERTIFICATE

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

23. Witness: nil

24. Date: THIRD DECEMBER, 2010 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 serve

Yvette Scott

for Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE

EMAIL ADDRESS: —

2) NAME: Bethure Ashley Rose RELATIONSHIP Grand-mother

ADDRESS: Logans Avenue Christiana P.O. Manchester

TELEPHONE NO: (W) (876) 804-3850 (H) _____ (Cell) _____

EMAIL ADDRESS: —

CHRISTIANA HIGH SCHOOL
TEL. 964-2251
P.O. BOX 41, CHRISTIANA