CERTIFICATION OF VITAL RECORD

# JAMAICA

## Registrar General's Department

**Issue Date:**
**6th April, 2009**

## BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 5805** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **THIRD OCTOBER, 2008** 6. Sex: **FEMALE**

7. Name of Child: **JERMELIA SHANIQUA** ***

8. Physician or registered midwife in attendance: **NURSE L BIRCH**

FATHER

9. Name and Surname: **JERMAINE ANDRE HOOD** ***

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

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **FLANKERS**

(b) Town/Village: **MONTEGO BAY** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **ROXANNE SANDREA GARDINER** ***

Maiden Name: **nil** 16. Age at time of birth: **17 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

| | | |
|---|---|---|
| 19. Name and Surname: | **JERMAINE ANDRE HOOD** *** | **ROXANNE SANDREA GARDINER** *** |
| 20. Qualification: | **FATHER** | **MOTHER** |
| 21. (a) Residence: | **FLANKERS** | **FLANKERS** |
| (b)Town/Village: | **MONTEGO BAY** | **MONTEGO BAY** |
| (c) Parish: | **ST. JAMES** | **ST. JAMES** |

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FOURTH OCTOBER, 2008** **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*

***First Free Copy*** for children bor
as of January 1, 2007 and registere
with a name at birth.
***Initiative of GOJ - August 17, 2005***

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

We aim to satisfy

OUT OF MANY, ONE PEOPLE