010204368554/2014

CERTIFICATION OF VITAL RECO

JAMAICA

Registrar General's Department

Issue Date:
30th January, 2014

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH:

3. NO. **AA 9713** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **TENTH AUGUST, 2011** 6. Sex: **MALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE S BARTLEY**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **SEVEN MILES**

(b) Town/Village: **BULL BAY** (c) Parish: **ST. ANDRE**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **KENEISHA TASEYA JAMES *****

Maiden Name: **nil** 16. Age at time

17. Occupation: **COOK** 18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **KENEISHA TASEYA JAMES *****

20. Qualification: **MOTHER**

21. (a) Residence: **SEVEN MILES**

(b)Town/Village: **BULL BAY**

(c) Parish: **ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TENTH AUGUST, 2011** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **DENARI SIMON DAVIDSON *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **SEVENTEEN**