010203645892/2011 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
2nd August, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MAY PEN** 2. PARISH: **CLARENDON**

3. NO: **HA 7907** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL MAY PEN**

5. Date of Birth: **SEVENTEENTH NOVEMBER, 2010** 6. Sex: **MALE**

7. Name of Child: **AMARI RYLAN** ***

8. Physician or registered midwife in attendance: **NURSE D THOMPSON**

FATHER

9. Name and Surname: **RYON DONAVON CRAWFORD** ***

10. Age at time of birth: **30 YEARS** 11. Occupation: **CONSTRUCTION WORKER**

12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **MITCHELL TOWN**

(b) Town/Village: **LIONEL TOWN** (c) Parish: **CLARENDON**

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

15. Name and Surname: **JODIE-ANN LOTOYA THOMAS** ***

Maiden Name: **nil** 16. Age at time of birth: **23 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**RYON DONAVON CRAWFORD** ***	**JODIE-ANN LOTOYA THOMAS** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**RED HILLS**	**MITCHELL TOWN**
(b) Town/Village:	**nil**	**LIONEL TOWN**
(c) Parish:	**ST. ANDREW**	**CLARENDON**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTEENTH NOVEMBER, 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 satisfy

Patricia P. Holness

Registrar General &