010204666066/2015 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
7th April, 2015

BIRTH REGISTRATION FORM

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

3. NO. **AA 4551** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **ELEVENTH APRIL, 2013** 6. Sex: **MALE**

7. Name of Child: **TAYÉ-SHAWN JHAE-VAUGHAUN TYRIQUE** ***

8. Physician or registered midwife in attendance: **NURSE K FOSTER**

FATHER

9. Name and Surname: **SHAWN JOSEPH JONES** ***

10. Age at time of birth: **30 YEARS** 11. Occupation: **COMPANY DIRECTOR**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **BLOCK H APT 165 2-3 RACE COURSE LANE**

(b) Town/Village: **GOLDEN HEIGHTS KINGSTON 14** (c) Parish: **KINGSTON**

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

15. Name and Surname: **PAULETTE ANN-MARIE WILLIAMS** ***

Maiden Name: **nil** 16. Age at time of birth: **28 YEARS**

17. Occupation: **CASHIER/SALES REPRESENTATIVE** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname:	**PAULETTE ANN-MARIE WILLIAMS** ***	**SHAWN JOSEPH JONES** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**BLOCK H APT 165 2-3 RACE COURSE LANE**	**LOT 192 CASPIAN CLOSE MARINE PARK**
(b)Town/Village:	**GOLDEN HEIGHTS KINGSTON 14**	**BRIDGEPORT**
(c) Parish:	**KINGSTON**	**ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **ELEVENTH APRIL, 2013** **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

Deirdre English Gosse

Registrar General &
Keeper of the Records

"OUT OF MANY, ONE PEOPLE"