010204331643/2013 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

sue Date:
nd December, 2013

BIRTH REGISTRATION FORM

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

3. NO. **IA 8548** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-SIXTH SEPTEMBER, 2011** 6. Sex: **MALE**

7. Name of Child: **MICKALE MICHEAL HOLDING *****

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

FATHER

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

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

12. Birthplace: **nil**

MOTHER

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

(b) Town/Village: **CROSS KEYS** (c) Parish: **MANCHESTER**

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

15. Name and Surname: **JUDIAN ANTONETTE WILSON *****

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

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

INFORMANT(S)

19. Name and Surname: **JUDIAN ANTONETTE WILSON ***** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **SALMON TOWN** **nil**

(b)Town/Village: **CROSS KEYS** **nil**

(c) Parish: **MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SIXTH SEPTEMBER, 2011** **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

Registrar General's Department

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

OUT OF MANY, ONE PEOPLE

© GIESECKE & DEVRIENT GMBH 2000

A 7140084 ANY ALTERATION OR ERASURE VOIDS THIS

Please District Cross Keys P.O Manchester

TELEPHONE NO: (W)_____ (H) 4703802 (Cell)_____

EMAIL ADDRESS:_____

HOLDING, MICKALE M