010206529113/2022 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
15th September, 2022

BIRTH REGISTRATION FORM

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

3. NO. **IA 8532** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-FIFTH SEPTEMBER, 2011** 6. Sex: **FEMALE**

7. Name of Child: **LEONIA KENISHA GREEN *****

8. Physician or registered midwife in attendance: **NURSE P PATTERSON**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **GOOD INTENT**

(b) Town/Village: **HARRY WATCH** (c) Parish: **MANCHESTER**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **SAMANTHA KERON BORELAND *****

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

17. Occupation: **HOME DUTIES** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **SAMANTHA KERON BORELAND *****

20. Qualification: **MOTHER**

21. (a) Residence: **GOOD INTENT**

(b)Town/Village: **HARRY WATCH**

(c) Parish: **MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIFTH 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

THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING EMBOSSED SEALS AND SIGNATURE OF REGISTRAR GENERAL

Charlton D. J. McFarlane
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

B 0057683

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE