~~Issue Date:~~
9th June, 2014

Registrar General's Department

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**
3. NO. **IA 6807** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**
5. Date of Birth: **FIRST OCTOBER, 2013** 6. Sex: **MALE**
7. Name of Child: **KAI-U KEVAL GRANT *****

8. Physician or registered midwife in attendance: **NURSE H DENTON**

FATHER

9. Name and Surname: **LEMAR KEVAL GRANT *****
10. Age at time of birth: **23 YEARS** 11. Occupation: **TRUCK DRIVER**
12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **MOUNT OLIPHANT**
(b) Town/Village: **PRATVILLE** (c) Parish: **MANCHESTER**
14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**
15. Name and Surname: **CHRISTAL SHANIQUE MYRIE *****
Maiden Name: **nil** 16. Age at time of birth: **19 YEARS**
17. Occupation: **SOIL SAMPLE TECHNICIAN** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **CHRISTAL SHANIQUE MYRIE ***** **nil**
20. Qualification: **MOTHER** **nil**
21. (a) Residence: **MOUNT OLIPHANT** **nil**
(b) Town/Village: **PRATVILLE** **nil**
(c) Parish: **MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**
24. Date: **FIRST OCTOBER, 2013** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**
27. Authority: **nil** 28. Date Added: **NIL**

****** **AMENDMENTS** ******

1: ***LINES 9-12 ADDED on Twenty-Seventh May, 2014***

Last line of Vital Data

Certified to be a true copy of the original, [signature] 22/07/2016

[signature]
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

We aim to satisfy
Registrar General's Department

OUT OF MANY, ONE PEOPLE

A 7342530

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE