CERTIFICATION OF VITAL RECORD

Registrar General's Department - Jamaica

010203722238/2011

Issue Date:
14th October, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**

3. NO. **BA 4569** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **TENTH SEPTEMBER, 2011** 6. Sex: **FEMALE**

7. Name of Child: **NAIYA AKELIA SAFIYA *****

8. Physician or registered midwife in attendance: **DR K BUCHANAN**

FATHER

9. Name and Surname: **MIGUEL ANDRE ST CLAIRE GORDON *****

10. Age at time of birth: **35 YEARS** 11. Occupation: **APPLICATION ENGINEER**

12. Birthplace: **ST MARY**

MOTHER

13. (a) Residence: **27 SWIFT AVENUE**

(b) Town/Village: **KINGSTON 20** (c) Parish: **ST. ANDREW**

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

15. Name and Surname: **CHANTEL KAYE-REN CAMILLE CESPEDIES *****

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

17. Occupation: **COLLEGE STUDENT** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname:	**CHANTEL KAYE-REN CAMILLE CESPEDIES *****	**MIGUEL ANDRE ST CLAIRE GORDON *****
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**27 SWIFT AVENUE**	**27 SWIFT AVENUE**
(b)Town/Village:	**KINGSTON 20**	**KINGSTON 20**
(c) Parish:	**ST. ANDREW**	**ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TENTH 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

A019084

Patricia P. Holness

This is a true and exact reproduction of the record officially registered in the Registrar General's Department of Jamaica.

Registrar General &
Deputy Keeper of the Records

Registrar General's Department RGD JAMAICA

This copy not valid unless prepared on engraved border displaying embossed seal and signature of Registrar General.

American Bank Note Company ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE