010204008171/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
18th October, 2012

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

3. NO. **IA 9500** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL MANDEVILLE**

5. Date of Birth: **FIFTH MAY, 2007** 6. Sex: **MALE**

7. Name of Child: **ORAN ANTONIO** ***

8. Physician or registered midwife in attendance: **NURSE C WILLIAMS**

FATHER

9. Name and Surname: **ORAL ANTHONY GAYLE** ***

10. Age at time of birth: **36 YEARS** 11. Occupation: **AIR TRAFFIC CONTROLLER**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **PEPPER**

(b) Town/Village: **nil** (c) Parish: **ST. ELIZABETH**

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

15. Name and Surname: **NIKESHA MARSHALLEE MATTIS** ***

Maiden Name: **nil** 16. Age at time of birth: **24 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**ORAL ANTHONY GAYLE** ***	**NIKESHA MARSHALLEE MATTIS** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**PEPPER**	**PEPPER**
(b)Town/Village:	**nil**	**nil**
(c) Parish:	**ST. ELIZABETH**	**ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SIXTH MAY, 2007** **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 &

OUT OF MANY, ONE PEOPLE