

010205820890/2020

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
18th June, 2020

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**
3. NO. **AA 8720** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
5. Date of Birth: **THIRTIETH JANUARY, 2007** 6. Sex: **MALE**
7. Name of Child: **KEVAN TYISEINE *****

8. Physician or registered midwife in attendance: **NURSE J McLEAN**9. Name and Surname: **UTON RICHARDS ***** FATHER10. Age at time of birth: **35 YEARS** 11. Occupation: **BUSINESSMAN**12. Birthplace: **TRELAWNY**13. (a) Residence: **20 HOWARD AVENUE** MOTHER(b) Town/Village: **KINGSTON 11**14. No. of Children previously born to mother (a) Alive: **5** (b) Still-born: **nil** (c) Parish: **ST. ANDREW**15. Name and Surname: **SOPHIA GIBSON *****Maiden Name: **nil**17. Occupation: **HOME DUTIES**16. Age at time of birth: **32 YEARS**18. Birthplace: **KINGSTON**19. Name and Surname: **SOPHIA GIBSON ***** INFORMANT(S)**UTON RICHARDS *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **20 HOWARD AVENUE****20 HOWARD AVENUE**(b) Town/Village: **KINGSTON 11****KINGSTON 11**(c) Parish: **ST. ANDREW****ST. ANDREW**

22. (a) Signed in my presence by said informant: REGISTRAR'S CERTIFICATE

23. Witness: **nil**24. Date: **THIRTY-FIRST JANUARY, 2007**

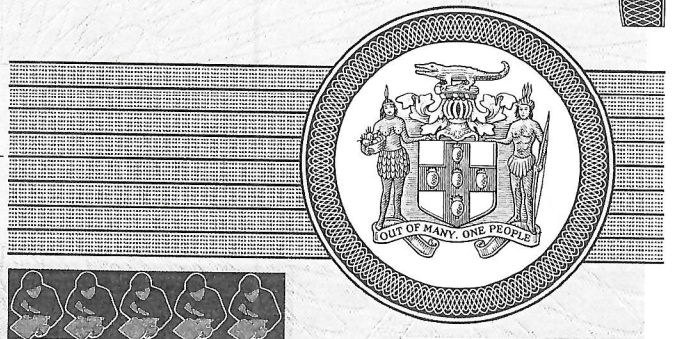
Signed by Registrar

26. Name: **nil** Name if added after Registration of Birth27. Authority: **nil**28. Date Added: **NIL**

Last line of Vital Data



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL
Charlton D. J. McFarlaneRegistrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE