JAMAICA

Registrar General's Department

Issue Date:
23rd August, 2022

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **PORT ANTONIO** 2. PARISH: **PORTLAND**

3. NO. **DA 9244** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL PORT ANTONIO**

5. Date of Birth: **TWENTIETH DECEMBER, 2010** 6. Sex: **MALE**

7. Name of Child: **ROMAINE SEMION CAMPBELL *****

8. Physician or registered midwife in attendance: **NURSE K KENTISH**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

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

(b) Town/Village: **FAIRY HILL** (c) Parish: **PORTLAND**

14. No. of Children previously born to mother (a) Alive: **6** (b) Still-born: **nil**

15. Name and Surname: **STEPHANIE VERONICA BURKE *****

Maiden Name: **nil** 16. Age at time of birth: **44 YEARS**

17. Occupation: **DOMESTIC HELPER** 18. Birthplace: **PORTLAND**

INFORMANT(S)

19. Name and Surname: **STEPHANIE VERONICA BURKE *****

20. Qualification: **MOTHER**

21. (a) Residence: **BOSTON**

(b)Town/Village: **FAIRY HILL**

(c) Parish: **PORTLAND**

nil

nil

nil

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST DECEMBER, 2010** **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

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE