Registrar General's Department

Issue Date:
22nd December, 2020

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 5532** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FIFTEENTH SEPTEMBER, 2008** 6. Sex: **MALE**

7. Name of Child: **LAMAR ROBERTIO** ***

8. Physician or registered midwife in attendance: **NURSE D EAST-BRANFORD**

FATHER

9. Name and Surname: **STANFORD ELIJAH LAKEMAN** ***

10. Age at time of birth: **32 YEARS** 11. Occupation: **AUTO MECHANIC**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **GREEN POND**

(b) Town/Village: **MONTEGO BAY** (c) Parish: **ST. JAMES**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **RICARDIA JULLIAN BLAIR** ***

Maiden Name: **nil**

16. Age at time of birth: **24 YEARS**

17. Occupation: **SALES CLERK** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**STANFORD ELIJAH LAKEMAN** ***	**RICARDIA JULLIAN BLAIR** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**18 ZENITH AVENUE**	**GREEN POND**
(b)Town/Village:	**KINGSTON 13**	**MONTEGO BAY**
(c) Parish:	**ST. ANDREW**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTEENTH SEPTEMBER, 2008** **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

This is a true copy of the original.

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

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

Registrar General's Department
We aim to satisfy

A 9504952

OUT OF MANY, ONE PEOPLE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE