

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

7th August, 2020

1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY**2. PARISH: **ST. ANN**3. NO. **GA 13**4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**6. Sex: **MALE**5. Date of Birth: **THIRTY-FIRST JANUARY, 2013**7. Name of Child: **see line 26**8. Physician or registered midwife in attendance: **NURSE K CAMPBELL**

FATHER

9. Name and Surname: **STEPHANA OSHANE THOMPSON *****10. Age at time of birth: **22 YEARS**11. Occupation: **CARPENTER**12. Birthplace: **ST MARY**

MOTHER

13. (a) Residence: **MOSLEY HALL**(b) Town/Village: **BLACKSTONEDGE**(c) Parish: **ST. ANN**14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**