

Issue Date:
4th June, 2010

Department BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**

2. PARISH: **ST. JAMES**

3. NO. **NZ 1389**

4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-SEVENTH DECEMBER, 2009**

6. Sex: **FEMALE**

7. Name of Child: **TATIANNA CORDELIA *****

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

FATHER

9. Name and Surname: **LAREL ALMONDO HOUSEN ****

10. Age at time of birth: **25 YEARS**

11. Occupation: **GARDENER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **26 HART STREET**

(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: **NEKISHA NEKIDA PARKER *****

Maiden Name: **nil**

16. Age at time of birth: **29 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **LAREL ALMONDO HOUSEN *****

NEKISHA NEKIDA PARKER ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **SAINT JOHN**

26 HART STREET

(b) Town/Village: **JOHNS HALL**

MONTEGO BAY

(c) Parish: **ST. JAMES**

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SEVENTH DECEMBER, 2009**

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

First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.

Initiative of GOJ - August 17, 2006



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

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

A 5541222

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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