010905771076/2020

CERTIFICATE OF REGISTRATION OF BIRTH

JAMAICA

Registrar General's Department

Issue Date:
7th February, 2020

BIRTH REGISTRATION FORM

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

3. NO. **NZ 2630** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **SEVENTEENTH DECEMBER, 2007** 6. Sex: **MALE**

7. Name of Child: **DIARA SYDJEA ROBINSON *****

8. Physician or registered midwife in attendance: **NURSE S WALTERS-WALLACE**

FATHER

9. Name and Surname: **SYDJEA PEAT ROBINSON *****

10. Age at time of birth: **29 YEARS** 11. Occupation: **BARBER**

12. Birthplace: **ST ELIZABETH**

MOTHER

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

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

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **MICHELLE ERICIA REEVES *****

Maiden Name: **nil** 16. Age at time of birth: **30 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**MICHELLE ERICIA REEVES *** **	**nil**
20. Qualification:	**MOTHER**	**nil**
21. (a) Residence:	**ORANGE**	**nil**
(b)Town/Village:	**SIGN**	**nil**
(c) Parish:	**ST. JAMES**	

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTEENTH DECEMBER, 2007** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil** 28. Date Added: **NIL**

****** AMENDMENTS ******

1. ***LINES 9-12 ADDED on Third February, 2020***

Last line of Vital Data

We aim to satisfy

Registrar General's Department

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

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

OUT OF MANY, ONE PEOPLE

A 9287541

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE