

Issue Date:
9th November, 2007

Department
BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**
2. PARISH: **ST. JAMES**
3. NO. **NZ 1283**
4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **FOURTH SEPTEMBER, 2007**
6. Sex: **MALE**
7. Name of Child: **KENIEVE NICHOLAS *****

8. Physician or registered midwife in attendance: **NURSE D WATSON-JONES**

9. Name and Surname: **BALVIN RUDOLPH CLARKE ***** FATHER

10. Age at time of birth: **34 YEARS** 11. Occupation: **CARPENTER**

12. Birthplace: **ST JAMES**

13. (a) Residence: **ROSE HEIGHTS**

MOTHER

(b) Town/Village: **MONTEGO BAY**

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

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

15. Name and Surname: **SHERINE AMANDA SMITH *****

Maiden Name: **nil**

17. Occupation: **HAIRDRESSER**

16. Age at time of birth: **22 YEARS**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **BALVIN RUDOLPH CLARKE *****

SHERINE AMANDA SMITH ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **ROSE HEIGHTS**

ROSE HEIGHTS

(b) Town/Village: **MONTEGO BAY**

MONTEGO BAY

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

ST. JAMES

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

REGISTRAR'S CERTIFICATE

23. Witness: **nil**

24. Date: **FOURTH SEPTEMBER, 2007**

Signed by Registrar

26. Name: **nil**

Name if added after Registration of Birth

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

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 3951735

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

