

JAMAICA

Registrar General's Department

Issue Date:

5th March, 2020

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN**2. PARISH: **ST. CATHERINE**3. NO. **EA 4820**4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**5. Date of Birth: **TWENTY-SECOND AUGUST, 2012**6. Sex: **MALE**7. Name of Child: **BRAIDEN AMBILIKIE TYLER *****8. Physician or registered midwife in attendance: **NURSE R RUSSELL EDWARDS**9. Name and Surname: **FLOYD AUGUSTUS BIGGS ***** FATHER10. Age at time of birth: **39 YEARS** 11. Occupation: **CARPENTER**12. Birthplace: **KINGSTON**13. (a) Residence: **LOT 270 DELA VEGA CITY** MOTHER(b) Town/Village: **SPANISH TOWN**(c) Parish: **ST. CATHERINE**14. No. of Children previously born to mother (a) Alive: **1**(b) Still-born: **nil**15. Name and Surname: **ERICA ANN MARIE SEWELL *****Maiden Name: **nil**16. Age at time of birth: **37 YEARS**17. Occupation: **CUSTOMER SERVICE REPRESENTATIVE**18. Birthplace: **TRELAWNY**19. Name and Surname: **ERICA ANN MARIE SEWELL ***** INFORMANT(S)**FLOYD AUGUSTUS BIGGS *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **LOT 270 DELA VEGA CITY****24 HATFIELD AVENUE**(b) Town/Village: **SPANISH TOWN****GREGORY PARK**(c) Parish: **ST. CATHERINE****ST. CATHERINE**

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

REGISTRAR'S CERTIFICATE

23. Witness: **nil**24. Date: **TWENTY-THIRD AUGUST, 2012**

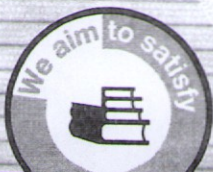
Signed by Registrar

26. Name: **nil**

Name if added after Registration of Birth

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

Last line of Vital Data



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



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE