

Registrar General's Department

Issue Date:
15th November, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **TROY**

2. PARISH: **TRELAWNY**

3. NO. **OR 3201**

4. Place of Birth: **HEADING**

5. Date of Birth: **NINTH NOVEMBER, 2009**

6. Sex: **MALE**

7. Name of Child: **ROMARIO RAHEEM *****

8. Physician or registered midwife in attendance: **NIL**

FATHER

9. Name and Surname: **RALFORD PLUMMER *****

10. Age at time of birth: **47 YEARS**

11. Occupation: **FARMER**

12. Birthplace: **TRELAWNY**

MOTHER

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

(b) Town/Village: **TROY**

(c) Parish: **TRELAWNY**

14. No. of Children previously born to mother (a) Alive: **7**

(b) Still-born: **nil**

15. Name and Surname: **ALMA PLUMMER *****

Maiden Name: **GUTHRIE *****

16. Age at time of birth: **40 YEARS**

17. Occupation: **HOUSEWIFE**

18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname: **ALMA PLUMMER *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **HEADING**

nil

(b) Town/Village: **TROY**

nil

(c) Parish: **TRELAWNY**

REGISTRAR'S CERTIFICATE

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

23. Witness: **ICILDA PALMER *****

24. Date: **SEVENTEENTH SEPTEMBER, 2010**

Signed by Registrar

on the authority of the Registrar General

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data



General's Department

Deirdre English Gosse

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 6619409

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE