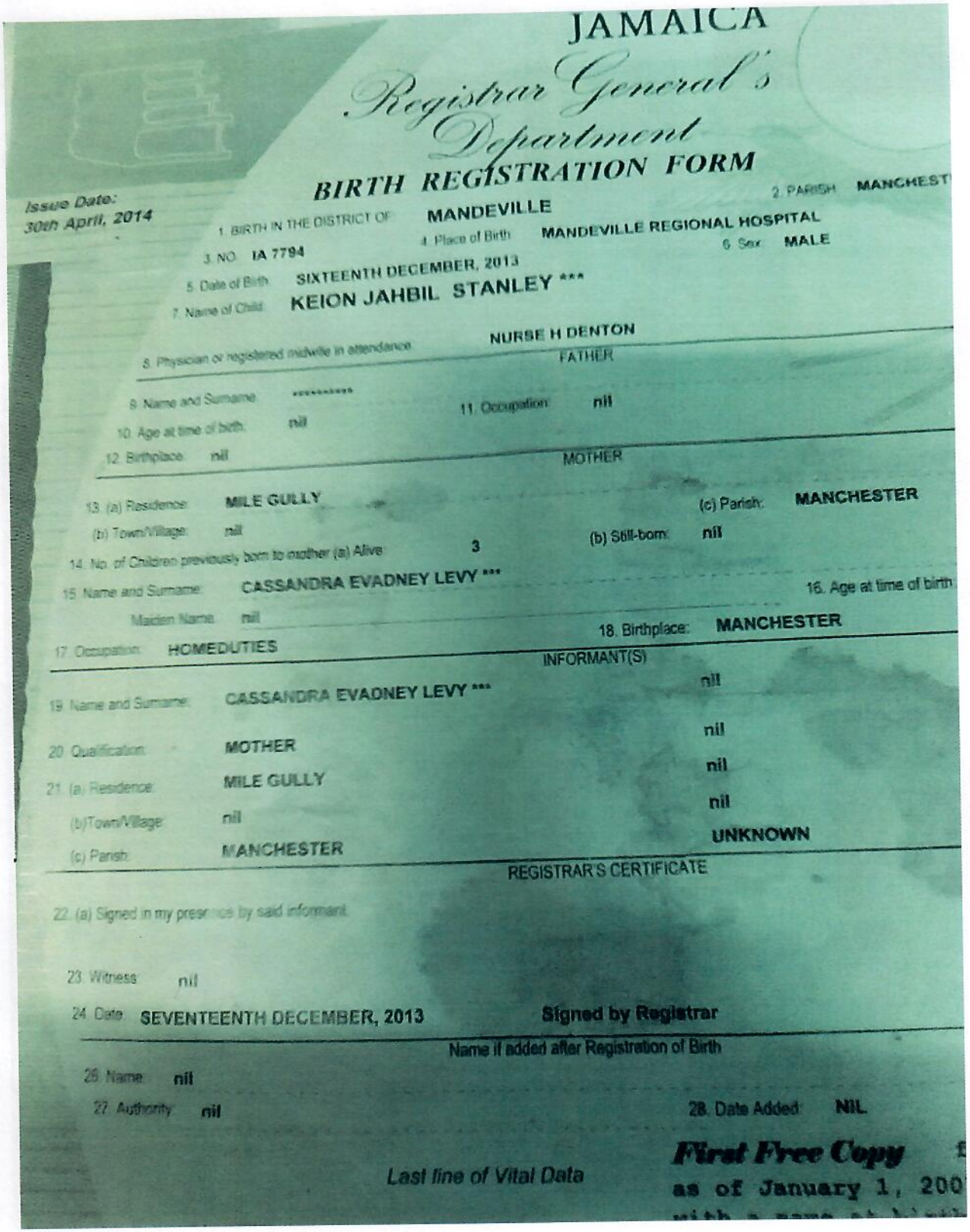
HOLMWOOD



JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
30th April, 2014

1. BIRTH IN THE DISTRICT OF: MANDEVILLE
2. PARISH: MANCHEST
3. NO: IA 7794
4. Place of Birth: MANDEVILLE REGIONAL HOSPITAL
5. Date of Birth: SIXTEENTH DECEMBER, 2013
6. Sex: MALE
7. Name of Child: KEION JAHBIL STANLEY ***
8. Physician or registered midwife in attendance: NURSE H DENTON

FATHER

9. Name and Surname: **********
10. Age at time of birth: nil
11. Occupation: nil
12. Birthplace: nil

MOTHER

13. (a) Residence: MILE GULLY
(b) Town/Village: nil
(c) Parish: MANCHESTER
14. No. of Children previously born to mother (a) Alive: 3
(b) Still-born: nil
15. Name and Surname: CASSANDRA EVADNEY LEVY ***
16. Age at time of birth
Maiden Name: nil
17. Occupation: HOMEDUTIES
18. Birthplace: MANCHESTER

INFORMANT(S)

19. Name and Surname: CASSANDRA EVADNEY LEVY *** nil
20. Qualification: MOTHER nil
21. (a) Residence: MILE GULLY nil
(b) Town/Village: nil nil
(c) Parish: MANCHESTER UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: nil
24. Date: SEVENTEENTH DECEMBER, 2013 **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
as of January 1, 200