

Registrar General's Department BIRTH REGISTRATION FORM

Issue Date:
18th June, 2009

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER**
2. PARISH: **ST. ELIZABETH**
3. NO. **KA 6858**
4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**
5. Date of Birth: **THIRTY-FIRST JANUARY, 2009**
6. Sex: **FEMALE**
7. Name of Child: **REBECCA DAYONA *****

8. Physician or registered midwife in attendance: **NURSE G JOHN**
FATHER

9. Name and Surname: **TROY MORGAN *****

10. Age at time of birth: **23 YEARS**

11. Occupation: **FARMER**

12. Birthplace: **ST ELIZABETH**

MOTHER

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

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

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

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

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

15. Name and Surname: **LAVERN REBECCA CAMPBELL *****

16. Age at time of birth: **19 YEARS**

Maiden Name: **nil**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **LAVERN REBECCA CAMPBELL *****

TROY MORGAN ***

20. Qualification: **MOTHER**

FATHER

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

SLIPE

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

LACOVIA

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

ST. ELIZABETH

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTY-FIRST JANUARY, 2009**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

28. Date Added: **NIL**

27. Authority: **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

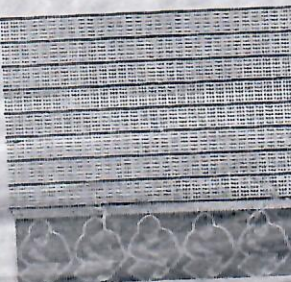


Registrar General's Department

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 496 6



GIESBREKE & DE VRIES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE