

Registrar General's Department

Issue Date:
10th October, 2018

BIRTH REGISTRATION FORM

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

2. PARISH: **HANOVER**

3. NO. **MA 7157**

4. Place of Birth: **NOEL HOLMES HOSPITAL**

5. Date of Birth: **FIFTH OCTOBER, 2012**

6. Sex: **FEMALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE C QUARRIE-WRIGHT**

FATHER

9. Name and Surname: *********

10. Age at time of birth: **nil**

11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **PELL RIVER**

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

(c) Parish: **HANOVER**

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

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

15. Name and Surname: **ANASTAICA ANDERSON *****

Maiden Name: **nil**

16. Age at time of birth: **14 YEARS**

17. Occupation: **NIL**

18. Birthplace: **HANOVER**

INFORMANT(S)

19. Name and Surname: **ANASTAICA ANDERSON *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **PELL RIVER**

nil

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

nil

(c) Parish: **HANOVER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTH OCTOBER, 2012**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **JANICE ANASTACIA SMITH *****

27. Authority: **CERTIFICATE OF NAMING**

28. Date Added: **THIRD JUNE, 2013**

Last line of Vital Data



Registrar 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 8859669



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE