

JAMAICA

Registrar General's
Department

Issue Date:

3rd March, 2014

BIRTH REGISTRATION FORM

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

2. PARISH: **HANOVER**

3. NO. **MA 6601**

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

5. Date of Birth: **TWENTY-FIRST JULY, 2011**

6. Sex: **FEMALE**

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

8. Physician or registered midwife in attendance: **NURSE U ALLEN**

9. Name and Surname: **LAUREL SAMUELS *****

FATHER

10. Age at time of birth: **20 YEARS**

11. Occupation: **FARMER**

12. Birthplace: **HANOVER**

MOTHER

13. (a) Residence: **SALT SPRING**

(b) Town/Village: **GREEN ISLAND**

(c) Parish: **HANOVER**

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

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

15. Name and Surname: **LIVIA VERNON *****

Maiden Name: **nil**

16. Age at time of birth: **17 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **TRELAUNY**

INFORMANT(S)

19. Name and Surname: **LAUREL SAMUELS *****

LIVIA VERNON ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **SALT SPRING**

SALT SPRING

(b) Town/Village: **GREEN ISLAND**

GREEN ISLAND

(c) Parish: **HANOVER**

HANOVER

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST JULY, 2011**

Signed by Registrar

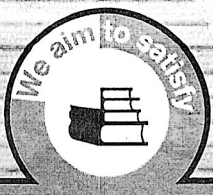
Name if added after Registration of Birth

26. Name: **JESSANIQUE JESSICA *****

27. Authority: **CERTIFICATE OF NAMING**

28. Date Added: **TWENTY-SEVENTH JULY, 2011**

Last line of Vital Data



Deirdre English Gosse
Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE



JAMAICA
Registrar General's
Department
BIRTH REGISTRATION FORM

Issue Date:
29th September, 2021

1. BIRTH IN THE DISTRICT OF: FALMOUTH
2. PARISH: TRELAWNY
3. NO. OA 4438
4. Place of Birth: PUBLIC GENERAL HOSPITAL FALMOUTH
5. Date of Birth: TWELFTH JULY, 2010
6. Sex: FEMALE
7. Name of Child: ATALIA SHORNAGAYE WARREN ***

8. Physician or registered midwife in attendance: NURSE C WALKER

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

10. Age at time of birth: nil
11. Occupation: nil

12. Birthplace: nil

13. (a) Residence: CLARKS TOWN
MOTHER

(b) Town/Village: nil

(c) Parish: TRELAWNY

14. No. of Children previously born to mother: (a) Alive: 5 (b) Still-born: nil

15. Name and Surname: ANN MARION GREEN ***

Maiden Name: nil

17. Occupation: FARMER

16. Age at time of birth: 35 YEARS

18. Birthplace: TRELAWNY

19. Name and Surname: ANN MARION GREEN ***
INFORMANT(S)

nil

20. Qualification: MOTHER

nil

21. (a) Residence: CLARKS TOWN

nil

(b) Town/Village: nil

nil

(c) Parish: TRELAWNY

UNKNOWN

22. (a) Signed in my presence by said informant: REGISTRAR'S CERTIFICATE

23. Witness: nil

24. Date: TWELFTH JULY, 2010

Signed by Registrar

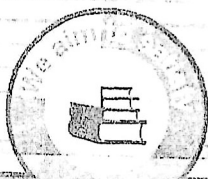
26. Name: nil

Name if added after Registration of Birth

27. Authority: nil

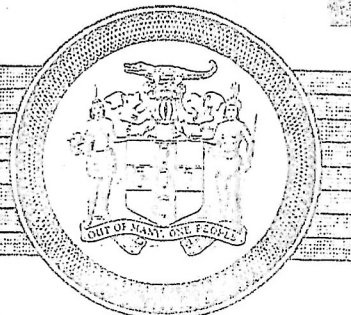
28. Date Added: NIL

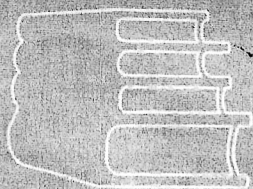
Last line of Vital Data



Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE





JAMAICA

Registrar General's
Department

Issue Date:

30th May, 2018

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY**

2. PARISH: **ST. ANN**

3. NO. **GA 2747**

4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**

5. Date of Birth: **ELEVENTH DECEMBER, 2010**

6. Sex: **MALE**

7. Name of Child: **ROMEL ADLAN BERRY *****

8. Physician or registered midwife in attendance: **NURSE J GORDON**

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

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

13. (a) Residence: **CLAY GROUND** MOTHER

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

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

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

15. Name and Surname: **TESSICA ALICIA RIDGE *****

Maiden Name: **nil**

16. Age at time of birth: **26 YEARS**

17. Occupation: **HOME DUTIES**

18. Birthplace: **ST ANN**

19. Name and Surname: **TESSICA ALICIA RIDGE ***** INFORMANT(S) **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **CLAY GROUND** **nil**

(b) Town/Village: **BAMBOO** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWELFTH DECEMBER, 2010**

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

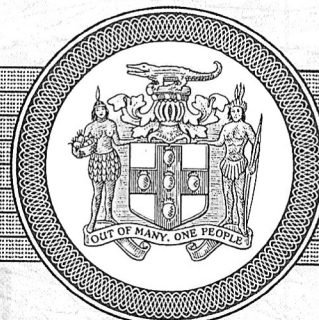


Deirdre English Gosse

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE



10204084182/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

Issue Date:

18th January, 2013

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF:

MOUNT SALEM

2. PARISH: ST. JAMES

3. NO. NZ 3154

4. Place of Birth: CORNWALL REGIONAL HOSPITAL

5. Date of Birth: TWENTY-FIRST SEPTEMBER, 2012

6. Sex: MALE

7. Name of Child: PABLO ALFREDO ***

8. Physician or registered midwife in attendance:

DOCTOR P MONTHROPE

9. Name and Surname:

POBLO ALFREDO DONALD ***

FATHER

10. Age at time of birth:

27 YEARS

11. Occupation:

FARMER

12. Birthplace:

TRELAWNY

MOTHER

13. (a) Residence:

JACKSON TOWN

(b) Town/Village:

nil

(c) Parish:

TRELAWNY

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

7

(b) Still born:

nil

15. Name and Surname:

ANGELA PAULINE RAMSAY ***

Maiden Name:

nil

16. Age at time of birth:

34 YEARS

17. Occupation:

SHOPKEEPER

18. Birthplace:

TRELAWNY

INFORMANT(S)

19. Name and Surname:

POBLO ALFREDO DONALD ***

ANGELA PAULINE RAMSAY ***

20. Qualification:

FATHER

MOTHER

21. (a) Residence:

MAHOGANY HALL

JACKSON TOWN

(b) Town/Village:

JACKSON TOWN

nil

(c) Parish:

TRELAWNY

TRELAWNY

REGISTRAR'S CERTIFICATE

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

23. Witness:

nil

24. Date: TWENTY-FIRST SEPTEMBER, 2012

Signed by Registrar

Name if added after Registration: Birth

26. Name:

nil

27. Authority:

nil

28. Date Added:

NIL

Last line of Vital Data

First Free Copy for children born
on or after January 1, 2007 and registered
with a name at birth.

Initiative of GOJ - August 17, 2006



Deirdre
Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records



10203 43291720

IFICATION OF VITAL RECORD

JAMAICA

*Registrar General's
Department*

BIRTH REGISTRATION FORM

Issue Date:
18th May, 2010

1. BIRTH IN THE DISTRICT OF: **FALMOUTH** 2. PARISH: **TRELAWNY**
3. NO. **OA 4063** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL FALMOUTH**
5. Date of Birth: **SIXTEENTH OCTOBER, 2009** 6. Sex: **MALE**
7. Name of Child: **RICHARD DARMANEY BENNETT *****

8. Physician or registered midwife in attendance: **DR Y KAMARA**

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

FATHER

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

11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

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

(b) Town/Village: **CLARKS TOWN**

(c) Parish: **TRELAWNY**

14. No. of Children previously born to mother (a) Alive: **2**

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

15. Name and Surname: **SHEREKA WILLIAMS *****

Maiden Name: **nil**

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

17. Occupation: **HOMEDUTIES**

18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname: **SHEREKA WILLIAMS *****

nil

20. Qualification: **MOTHER**

nil

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

nil

(b) Town/Village: **CLARKS TOWN**

nil

(c) Parish: **TRELAWNY**

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTEENTH OCTOBER, 2009**

Signed by Registrar

Name if added after Registration of Birth

25. Name: **nil**

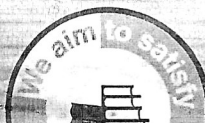
27. Authority: **nil**

28. Date Added: **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



Patricia P. Holness

Registrar General &



JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
17th August, 2009

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

2. PARISH: **TRELAWNY**

3. NO. **OA 2789**

4. Place of Birth: **PUBLIC GENERAL HOSPITAL FALMOUTH**

5. Date of Birth: **SEVENTH DECEMBER, 2007**

6. Sex: **FEMALE**

7. Name of Child: **MICKESHA DEANJAY McKOY *****

Second born of Twins

8. Physician or registered midwife in attendance: **DR KAMARA & DR PRAKASH**

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

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

13. (a) Residence: **SPICY HILL** MOTHER

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

14. No. of Children previously born to mother (a) Alive: **3** (c) Parish: **TRELAWNY**

15. Name and Surname: **ISCYLENE GORDON ***** (b) Still born: **nil**

Maiden Name: **nil**

17. Occupation: **HOUSEKEEPER** 16. Age at time of birth: **23 YEARS**

18. Birthplace: **TRELAWNY**

19. Name and Surname: **ISCYLENE GORDON ***** INFORMANT(S) **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **SPICY HILL** **nil**

(b) Town/Village: **DUNCANS** **nil**

(c) Parish: **TRELAWNY** **nil**

22. (a) Signed in my presence by said informant: **REGISTRAR'S CERTIFICATE**

23. Witness: **nil**

24. Date: **NINTH DECEMBER, 2007**

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



Patricia P. Holness

Registrar General &
Deputy Keeper of the Records



JAMAICA

Registrar General's
Department

Issue Date:

20th April, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF

FALMOUTH

2. PARISH: TRELAWNY

3. NO. OA 5430

4. Place of Birth

PUBLIC GENERAL HOSPITAL FALMOUTH

5. Date of Birth

NINTH DECEMBER, 2011

6. Sex: FEMALE

7. Name of Child:

SHENILIA ANTONIAN ***

8. Physician or registered midwife in attendance

NURSE N SCOTT

9. Name and Surname

ELI ANTHONY GREEN ***

FATHER

10. Age at time of birth

42 YEARS

11. Occupation:

FARMER

12. Birthplace:

TRELAWNY

MOTHER

13. (a) Residence:

HYDE

(b) Town/Village:

CLARKS TOWN

(c) Parish:

TRELAWNY

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

6

(b) Still-born:

nil

15. Name and Surname:

SHARON GREEN ***

Maiden Name:

GORDON ***

16. Age at time of birth:

33 YEARS

17. Occupation:

FARMER

18. Birthplace:

ST ANN

INFORMANT(S)

19. Name and Surname

SHARON GREEN ***

nil

20. Qualification

MOTHER

nil

21. (a) Residence:

HYDE

nil

(b) Town/Village:

CLARKS TOWN

nil

(c) Parish:

TRELAWNY

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness:

nil

24. Date:

NINTH DECEMBER, 2011

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 for children born
as of January 1, 2007 and registered
with a name at birth.

Initiative of GOJ - August 17, 2006



for

 Yvette Scott
 Registrar General &
 Deputy Keeper of the Records
