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**

FATHER

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

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: **TRELAWNY**

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

We aim to satisfy

Registrar General's Department

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

OUT OF MANY, ONE PEOPLE

JAMAICA

Registrar General's Department

Issue Date:
29th September, 2021

BIRTH REGISTRATION FORM

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

FATHER

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

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

12. Birthplace: nil

MOTHER

13. (a) Residence: CLARKS TOWN

(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

16. Age at time of birth: 35 YEARS

17. Occupation: FARMER

18. Birthplace: TRELAWNY

INFORMANT(S)

19. Name and Surname: ANN MARION GREEN *** nil

20. Qualification: MOTHER nil

21. (a) Residence: CLARKS TOWN nil

(b)Town/Village: nil nil

(c) Parish: TRELAWNY UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: nil

24. Date: TWELFTH JULY, 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

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**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

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

(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**

INFORMANT(S)

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

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

We aim to satisfy

Registrar General's Department

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

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OF THE RECORD OFFICIALLY REGISTERED IN THE

OUT OF MANY, ONE PEOPLE

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**

FATHER

9. Name and Surname: **POBLO ALFREDO DONALD** ***

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 Living: **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

26. Name: **nil**

27. Authority: **nil** 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

We aim to satisfy

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE

TIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
18th May, 2010

BIRTH REGISTRATION FORM

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 DAHMANEY BENNETT ***

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

FATHER

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

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

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

Patricia P. Holness

Registrar General &

We aim to satisfy

0102029540862009

CERTIFICATION OF VITAL RECORD

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

FATHER

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

MOTHER

13. (a) Residence: SPICY HILL
(b) Town/Village: DUNCANS
(c) Parish: TRELAWNY
14. No. of Children previously born to mother (a) Alive: 3
(b) Still-born: nil
15. Name and Surname: ISCYLENE GORDON ***
Maiden Name: nil
16. Age at time of birth: 23 YEARS
17. Occupation: HOUSEKEEPER
18. Birthplace: TRELAWNY

INFORMANT(S)

19. Name and Surname: ISCYLENE GORDON *** nil
20. Qualification: MOTHER nil
21. (a) Residence: SPICY HILL nil
(b)Town/Village: DUNCANS nil
(c) Parish: TRELAWNY

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: nil
24. Date: NINTH DECEMBER, 2007

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

We aim to satisfy

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE

10203868405/2012 CERTIFICATION OF VITAL RECORD

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

FATHER

9. Name and Surname: ELI ANTHONY GREEN ***

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

Yvette Scott

for Registrar General &
Deputy Keeper of the Records

"OUT OF MANY, ONE PEOPLE"