

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:

3rd October, 2019

1. BIRTH IN THE DISTRICT OF: **MORANT BAY** 2. PARISH: **ST. THOMAS**
 3. NO. **CA 3527** 4. Place of Birth: **PRINCESS MARGARET HOSPITAL MORANT BAY**
 5. Date of Birth: **EIGHTH MARCH, 2011** 6. Sex: **FEMALE**
 7. Name of Child: **MEYA CHRISTA-LEE *****

8. Physician or registered midwife in attendance: **NURSE R CARGILL**

FATHER

9. Name and Surname: **TRACE WALTER HUGH THOMAS *****

10. Age at time of birth: **31 YEARS**

11. Occupation: **TILER**

12. Birthplace: **ST THOMAS**

MOTHER

13. (a) Residence: **SCHOOL LANE**

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

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

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

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

15. Name and Surname: **KENIESHA SASHA-GAY BERNARD *****

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

Maiden Name: **nil**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST THOMAS**

INFORMANT(S)

19. Name and Surname: **TRACE WALTER HUGH THOMAS *****

KENIESHA SASHA-GAY BERNARD ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **SCHOOL LANE**

SCHOOL LANE

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

SEAFORTH

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

ST. THOMAS

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

Signed by Registrar

24. Date: **NINTH MARCH, 2011**

Name if added after Registration of Birth

25. Name: **nil**

26. Date Added: **NIL**

27. Authority: **nil**

Last line of Vital Data



David
 Desmond Davis (Acting)

