



Registrar General's Department

Issue Date:
2nd August, 2024

BIRTH REGISTRATION FORM

1. Birth in the district of: **MANDEVILLE** 2. Parish: **MANCHESTER**
3. No. **IA 1225** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**
5. Date of Birth: **TENTH MAY, 2012** 6. Sex: **FEMALE**
7. Name of Child: **AYONIE SASHEYA *****

8. Physician or registered midwife in attendance: **NURSE H DENTON**

9. Name and Surname: **ALTON ANTHONY HINDS ***** FATHER

10. Age at time of birth: **41 YEARS**

11. Occupation: **CHEF/MASON**

12. Birthplace: **KINGSTON**

MOTHER

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

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

(c) Parish: **MANCHESTER**

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

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

15. Name and Surname: **SACHAE TRISHA ROBERTS *****

Maiden Name: **nil**

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

17. Occupation: **FARMER**

18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **ALTON ANTHONY HINDS *****

SACHAE TRISHA ROBERTS ***

20. Qualification: **FATHER**

MOTHER

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

CHUDLEIGH

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

CHRISTIANA

(c) Parish: **MANCHESTER**

MANCHESTER

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TENTH MAY, 2012**

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

Desmond Davis (Act.)

Registrar General &
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL

C 0499802 ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE