

10203279042/2010

JAMAICA

Registrar General's Department BIRTH REGISTRATION FORM

Issue Date:
3rd June, 2010

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER**
 2. PARISH: **ST. ELIZABETH**
 3. NO. **KA 8281**
 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**
 5. Date of Birth: **TWENTIETH JANUARY, 2010**
 6. Sex: **FEMALE**
 7. Name of Child: **TRESHA-LEE GAIL *****

8. Physician or registered midwife in attendance: **NURSE N ROBERTS**
 FATHER

9. Name and Surname: **ONEIL GERALDO SUTHERLAND *****
 11. Occupation: **LABOURER**

10. Age at time of birth: **33 YEARS**

12. Birthplace: **ST ELIZABETH** MOTHER

13. (a) Residence: **NEW BUILDING**

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

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

14. No. of Children previously born to mother (a) Alive: **4**

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

15. Name and Surname: **SUZETTE ANGELLA SIMPSON *****

16. Age at time of birth: **36 YEARS**

Maiden Name: **nil**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **MANCHESTER**

19. Name and Surname: **SUZETTE ANGELLA SIMPSON *****

ONEIL GERALDO SUTHERLAND ***

20. Qualification: **MOTHER**

FATHER

21. (a) Residence: **NEW BUILDING**

NEW BUILDING

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

NAIN

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

ST. ELIZABETH

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

Signed by Registrar

24. Date: **TWENTIETH JANUARY, 2010**

Name if added after Registration of Birth

26. Name: **nil**

28. Date Added: **NIL**

27. Authority: **nil**

Last line of Vital Data

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

Initiative of GOJ - August 17, 20

Patricia P. Holness

