

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
5th May, 20181. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**3. NO. **NZ 3527**4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**2. PARISH: **ST. JAMES**5. Date of Birth: **SEVENTEENTH OCTOBER, 2012**6. Sex: **MALE**7. Name of Child: **TAZMAR TAVAUGHNIE JOHNSON *****8. Physician or registered midwife in attendance: **DOCTOR D SCARLETT**9. Name and Surname: **FATHER**10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**13. (a) Residence: **MOUNT ZION** **MOTHER**(b) Town/Village: **LITTLE RIVER**14. No. of Children previously born to mother (a) Alive: **2**(c) Parish: **ST. JAMES**
(b) Still-born: **nil**15. Name and Surname: **NICKEISHA SMITH *****Maiden Name: **nil**17. Occupation: **HOME DUTIES**16. Age at time of birth: **23 YEARS**18. Birthplace: **WESTMORELAND**19. Name and Surname: **NICKEISHA SMITH ***** **INFORMANT(S)****nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **MOUNT ZION****nil**(b) Town/Village: **LITTLE RIVER****nil**(c) Parish: **ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SEVENTEENTH OCTOBER, 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

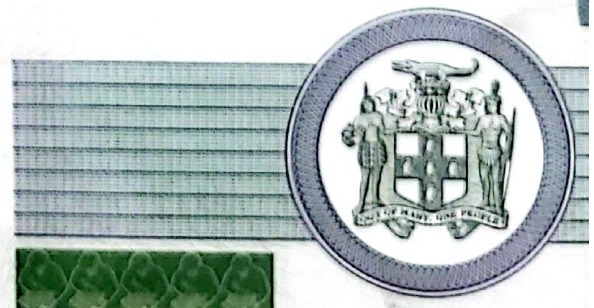


Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL

Deirdre English Gosse
Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 8710090



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE