

JAMAICA

Registrar General's
Department

Issue Date:

12th April, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**

2. PARISH: **ST. JAMES**

3. NO. **NZ 5694**

4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **NINETEENTH DECEMBER, 2010**

6. Sex: **MALE**

7. Name of Child: **CALEB ASHANI BYRON *****

8. Physician or registered midwife in attendance: **NURSE V McLAUGHLIN-HIBBERT**

9. Name and Surname: **BYRON THARROT WRIGHT ***** FATHER

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

11. Occupation: **CUSTOMER SERVICE REPRESENTATIVE**

12. Birthplace: **ST JAMES**

13. (a) Residence: **LOT 43 MONTEGO HILLS** MOTHER

(b) Town/Village: **SALT SPRING**

14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil** (c) Parish: **ST. JAMES**

15. Name and Surname: **CHRISTINA TAKEISH EVANS *****

Maiden Name: **nil**

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

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST JAMES**

19. Name and Surname: **BYRON THARROT WRIGHT ***** INFORMANT(S)

20. Qualification: **FATHER**

21. (a) Residence: **LOT 43 MONTEGO HILLS**

(b) Town/Village: **SALT SPRING**

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

22. (a) Signed in my presence by said informant: **REGISTRAR'S CERTIFICATE**

23. Witness: **nil**

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

Signed by Registrar

26. Name: **nil** Name if added after Registration of Birth

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data



for

Yvette Scott
Yvette Scott

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

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Registrar General's Department

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

A 6308830

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE