

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM



Issue Date:

4th April, 2013

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE**2. PARISH: **ST. ANDREW**3. NO. **BA 5478**4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**5. Date of Birth: **THIRD DECEMBER, 2012**6. Sex: **MALE**7. Name of Child: **ETHAN ALEX *****8. Physician or registered midwife in attendance: **DR S MITCHELL**

FATHER

9. Name and Surname: **HORACE ST AUBYN HINES *****10. Age at time of birth: **43 YEARS**11. Occupation: **OPERATIONS MANAGER**12. Birthplace: **ST THOMAS**

MOTHER

13. (a) Residence: **1-3 CAMELIA WAY 8 CAMELIA PLACE MONA**(b) Town/Village: **KINGSTON 6**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **TAMIQUE ANTOINETTE MITCHELL *****Maiden Name: **nil**16. Age at time of birth: **32 YEARS**17. Occupation: **SOFTWARE DEVELOPER**18. Birthplace: **PORTLAND**

INFORMANT(S)

19. Name and Surname: **HORACE ST AUBYN HINES *******TAMIQUE ANTOINETTE MITCHELL *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **1-3 CAMELIA WAY 8 CAMELIA PLACE MONA****1-3 CAMELIA WAY 8 CAMELIA PLACE MONA**(b) Town/Village: **KINGSTON 6****KINGSTON 6**(c) Parish: **ST. ANDREW****ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **FOURTH DECEMBER, 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

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE