



Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:**4th August, 2023**1. Birth in the district of: **KINGSTON**2. Parish: **KINGSTON**3. No. **AA 874**4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**5. Date of Birth: **NINETEENTH SEPTEMBER, 2011**6. Sex: **FEMALE**7. Name of Child: **DAVEON CHANTEL *****8. Physician or registered midwife in attendance: **DR GARY****FATHER**9. Name and Surname: **DAVID SMART *****10. Age at time of birth: **20 YEARS**11. Occupation: **WELDER**12. Birthplace: **KINGSTON****MOTHER**13. (a) Residence: **219 ZIMBAR WAY**(b) Town/Village: **KINGSTON 13**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **NADINE CHANTEL SYLVESTER *****Maiden Name: **nil**16. Age at time of birth: **19 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **KINGSTON**19. Name and Surname: **NADINE CHANTEL SYLVESTER *******INFORMANT(S)****DAVID SMART *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **219 ZIMBAR WAY****219 ZIMBAR WAY**(b) Town/Village: **KINGSTON 13****KINGSTON 13**(c) Parish: **ST. ANDREW****ST. ANDREW****REGISTRAR'S CERTIFICATE**

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

23. Witness: **nil**24. Date: **TWENTIETH SEPTEMBER, 2011****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**Charlton D. J. McFarlane*

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the RecordsTHIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL

C 0152502

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE