10204303932/2013

JAMAICA

Registrar General's Department

Issue Date:
10th October, 2013

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 6808** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **THIRTY-FIRST JULY, 2013** 6. Sex: **MALE**

7. Name of Child: **DANIEL GEORGE** ***

8. Physician or registered midwife in attendance: **NURSE L BRISSETT**

FATHER

9. Name and Surname: **LINDEL GEORGE GRAY** ***

10. Age at time of birth: **21 YEARS** 11. Occupation: **MASON**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **OCONNOR LANE**

(b) Town/Village: **MOUNT SALEM** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **SHADAY SHAKERA TOMLINSON** ***

Maiden Name: **nil** 16. Age at time of birth: **19 YEA**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **LINDEL GEORGE GRAY** *** **SHADAY SHAKERA TOMLINSON** ***

20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**PEDDLARS LANE**	**OCONNOR LANE**
(b)Town/Village:	**MOUNT SALEM**	**MOUNT SALEM**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTY-FIRST JULY, 2013** **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

First Free Copy for ch
as of January 1, 2007 and
with a name at birth.
Initiative of GOJ - August 17

Deirdre English Gosse

Registrar General &