



JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:

2nd March, 2018

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**2. PARISH: **ST. JAMES**3. NO. **NZ 7421**4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**5. Date of Birth: **SEVENTH JUNE, 2011**6. Sex: **MALE**7. Name of Child: **XAVIER ANDRÉS GERALDO *****8. Physician or registered midwife in attendance: **NURSE I BRISSETT**9. Name and Surname: **LEMOY FITZGERALD ST AUBYN DONALDSON *****
FATHER10. Age at time of birth: **22 YEARS**11. Occupation: **NIL**12. Birthplace: **HANOVER**

MOTHER

13. (a) Residence: **SPOT VALLEY**(b) Town/Village: **LITTLE RIVER**(c) Parish: **ST. JAMES**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **TANEICE CHIVONNE FOSTER *****Maiden Name: **nil**16. Age at time of birth: **18 YEARS**17. Occupation: **HOME DUTIES**18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **LEMOY FITZGERALD ST AUBYN DONALDSON *******TANEICE CHIVONNE FOSTER *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **SPOT VALLEY****SPOT VALLEY**(b) Town/Village: **LITTLE RIVER****LITTLE RIVER**(c) Parish: **ST. JAMES****ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SEVENTH JUNE, 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



Deirdre English Gosse

Registrar General &
Director of the Department of the Registrar General