

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
20th June 2014

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**
3. NO: **KA 1637** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**
5. Date of Birth: **TWENTIETH JULY, 2012** 6. Sex: **MALE**
7. Name of Child: **OMARI ORAINE *****

8. Physician or registered midwife in attendance: **NURSE O WALTERS**

9. Name and Surname: **ORRETT JERMAINE WILLIAMS ***** FATHER

10. Age at time of birth: **30 YEARS** 11. Occupation: **CONTRACTOR**

12. Birthplace: **ST ELIZABETH**

13. (a) Residence: **THORNTON** MOTHER

(b) Town/Village: **nil**

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

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **KELLEISHA ANAKARA WRIGHT *****

Maiden Name: **nil**

16. Age at time of birth: **25 YEARS**

17. Occupation: **CLERK**

18. Birthplace: **ST ELIZABETH**

19. Name and Surname: **KELLEISHA ANAKARA WRIGHT ***** INFORMANT(S) **ORRETT JERMAINE WILLIAMS *****

20. Qualification: **MOTHER**

FATHER

21. (a) Residence: **THORNTON**

THORNTON

(b) Town/Village: **nil**

nil

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

ST. ELIZABETH

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTIETH JULY, 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



Deirdre English Gosse
Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE

