

010206638947/2022

CERTIFICATION

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

6th January, 2023

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER**2. PARISH: **ST. ELIZABETH**3. NO. **KA 1672**4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**6. Sex: **MALE**5. Date of Birth: **THIRTY-FIRST JULY, 2012**7. Name of Child: **ANTWAUN ORAL JOHNSON *****8. Physician or registered midwife in attendance: **NURSE K SMITH**

FATHER

9. Name and Surname: *****

10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER

13. (a) Residence: **HAUGHTON**(b) Town/Village: **LACOVIA**(c) Parish: **ST. ELIZABETH**14. No. of Children previously born to mother (a) Alive: **6**(b) Still-born: **nil**15. Name and Surname: **JASSENT GERALDINE ROACH *****Maiden Name: **nil**16. Age at time of birth: **43 YEARS**17. Occupation: **FARMER**18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **JASSENT GERALDINE ROACH *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **HAUGHTON****nil**(b) Town/Village: **LACOVIA****nil**(c) Parish: **ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SECOND AUGUST, 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 GENERALCharlton D. J. McFarlane
Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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