



# Registrar General's Department

Issue Date:

12th September, 2023

## BIRTH REGISTRATION FORM

1. Birth in the district of: **BLACK RIVER** 2. Parish: **ST. ELIZABETH**  
3. No: **KA 2159** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**  
5. Date of Birth: **TWENTY-FIFTH NOVEMBER, 2012** 6. Sex: **FEMALE**  
7. Name of Child: **TIFFANY OPHELIA \*\*\***

8. Physician or registered midwife in attendance: **NURSE E EARLE**9. Name and Surname: **KEVIN BAKER \*\*\***

FATHER

10. Age at time of birth: **31 YEARS**11. Occupation: **FARMER**12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **HOLLAND MOUNTAIN**(b) Town/Village: **nil**(c) Parish: **ST. ELIZABETH**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **OMEISHA POYSER \*\*\***Maiden Name: **nil**16. Age at time of birth: **18 YEARS**17. Occupation: **HOME DUTIES**18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **OMEISHA POYSER \*\*\*****KEVIN BAKER \*\*\***20. Qualification: **MOTHER****FATHER**21. (a) Residence: **HOLLAND MOUNTAIN****CUFFIES PEN**(b) Town/Village: **nil****LACOVIA**(c) Parish: **ST. ELIZABETH****ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-SIXTH NOVEMBER, 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

*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