



Registrar General's Department

Issue Date:
17th July, 2023

BIRTH REGISTRATION FORM

1. Birth in the district of: **UNIVERSITY OF THE WEST INDIES** 2. Parish: **ST. ANDREW**
3. No. **BY 7073** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**
5. Date of Birth: **FOURTEENTH JANUARY, 2011** 6. Sex: **MALE**
7. Name of Child: **JEMARGGIO ZAMIR JOSHUA *****

8. Physician or registered midwife in attendance: **DRS K CAMPBELL SIMPSON/J HARDIE**
FATHER

9. Name and Surname: **JERMAINE FITZROY JACKSON *****

10. Age at time of birth: **34 YEARS**

11. Occupation: **PRODUCTION WORKER**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **139 1/2 MAXFIELD AVENUE**

(b) Town/Village: **KINGSTON 10**

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

14. No. of Children previously born to mother (a) Alive:

nil

(b) Still-born: **nil**

15. Name and Surname: **LATOYA NATISHA JACKSON *****

Maiden Name: **MCLENNON *****

16. Age at time of birth: **26 YEARS**

17. Occupation: **TEACHER**

18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **LATOYA NATISHA JACKSON *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **139 1/2 MAXFIELD AVENUE**

nil

(b) Town/Village: **KINGSTON 10**

nil

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

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTEENTH JANUARY, 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

Charlton D. J. McFarlane
Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL

C 0127960

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE