

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

11th July, 2011

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE**2. PARISH: **ST. ANDREW**3. NO. **BA 4165**4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**5. Date of Birth: **TWENTIETH JANUARY, 2011**6. Sex: **FEMALE**7. Name of Child: **GABRIELLE ABIGAIL *****8. Physician or registered midwife in attendance: **DR M ABRAHAMS**

FATHER

9. Name and Surname: **WAYNE ST AUBYN HENRY *****10. Age at time of birth: **40 YEARS**11. Occupation: **ECONOMIST**12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **9 WOODLANDS COURT 61 SHORTWOOD ROAD**(b) Town/Village: **KINGSTON 8**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **1**(b) Still-born: **nil**15. Name and Surname: **GAIL MAUREEN HENRY *****Maiden Name: **WEBSTER *****16. Age at time of birth: **38 YEARS**17. Occupation: **MEDICAL DOCTOR**18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **WAYNE ST AUBYN HENRY *****

nil

20. Qualification: **FATHER**

nil

21. (a) Residence: **9 WOODLANDS COURT 61 SHORTWOOD ROAD**

nil

(b) Town/Village: **KINGSTON 8**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-FIRST JANUARY, 2011**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**27. Authority: **nil**28. Date Added: **NIL**

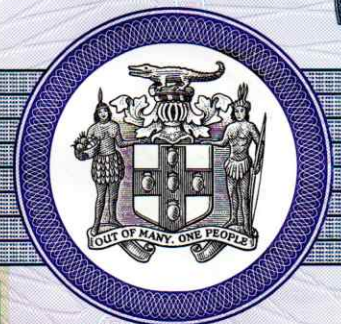
Last line of Vital Data



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL

Patricia P. Holness

Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE