

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
10th July, 2007

1. BIRTH IN THE DISTRICT OF: **KINGSTON**
 2. PARISH: **KINGSTON**
 3. NO. **AA 555**
 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
 5. Date of Birth: **NINETEENTH APRIL, 2007**
 6. Sex: **FEMALE**
 7. Name of Child: **LEIJAUNA TIANNA *****

8. Physician or registered midwife in attendance: **NURSE U CAMPBELL-CHAMBERS**

9. Name and Surname: **LEIGHTON LEROY MUIR ***** FATHER

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

12. Birthplace: **KINGSTON**

13. (a) Residence: **5 WEISE ROAD NINE MILES** MOTHER

(b) Town/Village: **BULL BAY**

14. No. of Children previously born to mother (a) Alive: **nil** (c) Parish: **ST. ANDREW**
 (b) Still-born: **nil**

15. Name and Surname: **MALVIA ANN-MARIE MUIR *****

Maiden Name: **HART *****

17. Occupation: **SALES CLERK**

16. Age at time of birth: **29 YEARS**

18. Birthplace: **ST THOMAS**

19. Name and Surname: **MALVIA ANN-MARIE MUIR ***** INFORMANT(S)

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **5 WEISE ROAD NINE MILES**

nil

(b) Town/Village: **BULL BAY**

nil

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

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINETEENTH APRIL, 2007**

Signed by Registrar

26. Name: **nil** Name if added after Registration of Birth

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data

First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.
Initiative of GOJ - August 17, 2006



Registrar General &
Deputy Keeper of the Records

Patricia P. Holness

