



Registrar General's Department

Issue Date:**25th January, 2024**

BIRTH REGISTRATION FORM

1. Birth in the district of: **SPANISH TOWN**2. Parish: **ST. CATHERINE**3. No. **EA 5255**4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**5. Date of Birth: **NINTH OCTOBER, 2007**6. Sex: **FEMALE**7. Name of Child: **BABY SARAH LINDO *****8. Physician or registered midwife in attendance: **NURSE S EDWARDS**

FATHER _____

9. Name and Surname: *********10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER _____

13. (a) Residence: **23 WALLEN LANE BRAETON**(b) Town/Village: **GREATER PORTMORE**(c) Parish: **ST. CATHERINE**14. No. of Children previously born to mother (a) Alive: **2**(b) Still-born: **nil**15. Name and Surname: **CAVERN RAPHEANSENE LINDO *****Maiden Name: **nil**16. Age at time of birth: **26 YEARS**17. Occupation: **HOME DUTIES**18. Birthplace: **ST CATHERINE**

INFORMANT(S) _____

19. Name and Surname: **CAVERN RAPHEANSENE LINDO *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **23 WALLEN LANE BRAETON****nil**(b) Town/Village: **GREATER PORTMORE****nil**(c) Parish: **ST. CATHERINE**

REGISTRAR'S CERTIFICATE _____

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

23. Witness: **nil**24. Date: **TENTH OCTOBER, 2007**

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