

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
17th May, 2007

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**
 3. NO. **BA 9779** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**
 5. Date of Birth: **THIRTIETH JANUARY, 2006** 6. Sex: **FEMALE**
 7. Name of Child: **ZOE KARLENE SMIKLE *****

8. Physician or registered midwife in attendance: **DR GIBBS**9. Name and Surname: **ANDREW DELANO SMIKLE ***** FATHER10. Age at time of birth: **35 YEARS** 11. Occupation: **INFORMATION TECHNOLOGY CONSULTANT**12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **21A LINSTONE CRESCENT**(b) Town/Village: **KINGSTON 10**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**15. Name and Surname: **LESA MAJORIE ABRAHAMS *****Maiden Name: **nil**16. Age at time of birth: **33 YEARS**17. Occupation: **EXECUTIVE ASSISTANT**18. Birthplace: **ST MARY**

INFORMANT(S)

19. Name and Surname: **nil****nil**20. Qualification: **nil****nil**21. (a) Residence: **nil****nil**(b) Town/Village: **nil****nil**(c) Parish: **nil**

REGISTRAR'S CERTIFICATE

22. (b) Entered by me from the particulars on a Certificate received from: **C E MORGAN**
PERSON IN CHARGE23. Witness: **nil**24. Date: **TENTH FEBRUARY, 2006**

Signed by Registrar

Name if added after Registration of Birth

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

***** AMENDMENTS *****

1. LINES 9-12 ADDED on Seventh May, 2007

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