JAMAICA

Registrar General's Department

Issue Date:
23rd February, 2015

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 2110** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-FIRST FEBRUARY, 2010** 6. Sex: **MALE**

7. Name of Child: **ALEXANDER ANTHONY LYNCH *****

8. Physician or registered midwife in attendance: **NURSE JOYCE ANDERSON MORGAN**

FATHER

9. Name and Surname: **************

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **BETHEL STREET GREENVALE**

(b) Town/Village: **MANDEVILLE** (c) Parish: **MANCHESTER**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **ANODIEN AMANDA ARTHURS *****

Maiden Name: **nil** 16. Age at time of birth: **20 YEARS**

17. Occupation: **DRESSMAKER** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **ANODIEN AMANDA ARTHURS ***** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **BETHEL STREET GREENVALE** **nil**

(b) Town/Village: **MANDEVILLE** **nil**

(c) Parish: **MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST FEBRUARY, 2010** **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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

We aim to satisfy
Registrar General's Department

OUT OF MANY, ONE PEOPLE

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N OR ERASURE VOIDS THIS CERTIFIC