JAMAICA

Registrar General's Department

Issue Date:
22nd December, 2021

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 7818** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **ELEVENTH OCTOBER, 2006** 6. Sex: **FEMALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE M HINES**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **GREEN POND**

(b) Town/Village: **MONTEGO BAY** (c) Parish: **ST. JAMES**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **TALLIA NAFFESHA SMIKLE *****

Maiden Name: **nil** 16. Age at time of birth: **27 YEARS**

17. Occupation: **STEEL FIXER** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **nil** **nil**

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

21. (a) Residence: **nil** **nil**

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

(c) Parish:

REGISTRAR'S CERTIFICATE

22. (b) Entered by me from the particulars on a Certificate received from: **O MURRAY**
FOR HOSPITAL ADMINISTRATOR

23. Witness: **nil**

24. Date: **TWENTY-FIRST NOVEMBER, 2006** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **ABBYGAYEL FAITH CAMPBELL *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **FOURTH MAY, 2007**

Last line of Vital Data

We aim to satisfy

Registrar General's Department

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

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

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

OUT OF MANY, ONE PEOPLE

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICAT