

Registrar General's Department

Issue Date:
31st December, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**
3. NO. **IA 2103** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**
5. Date of Birth: **SIXTH AUGUST, 2012** 6. Sex: **FEMALE**
7. Name of Child: **STACIAN ANTONIA**

8. Physician or registered midwife in attendance: **NURSE K WILLIAMS**

9. Name and Surname: **UROY JOE FORREST ***** FATHER

10. Age at time of birth: **38 YEARS** 11. Occupation: **FARMER**

12. Birthplace: **ST ELIZABETH** MOTHER

13. (a) Residence: **BRAES RIVER**

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

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

14. No. of Children previously born to mother (a) Alive: **3** (b) Still-born: **nil**

15. Name and Surname: **STASHA NATTALEE POYSER *****

Maiden Name: **nil**

15. Age at time of birth: **24 YEARS**

17. Occupation: **FARMER**

18. Birthplace: **ST ELIZABETH**

19. Name and Surname: **UROY JOE FORREST *****

INFORMANT(S)

STASHA NATTALEE POYSER ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **BRAES RIVER**

BRAES RIVER

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

nil

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

ST. ELIZABETH

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTH AUGUST, 2012**

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

First Free Copy for children born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006

Deirdre English Gosse
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

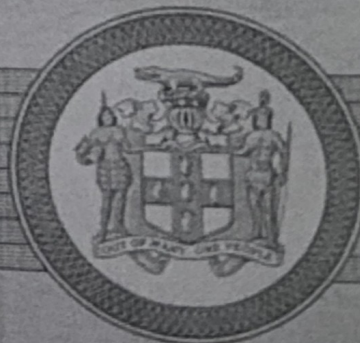
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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Registrar General's Department

THIS CERTIFICATE IS VALID UNLESS
THESE ENGRAVED BORDER
AND EMBROIDERED SEALS AND
SIGNATURE OF REGISTRAR GENERAL



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