

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
25th April, 2013

1 BIRTH IN THE DISTRICT OF: **KINGSTON**
3 NO. **AA 1657**
4 Place of Birth: **VICTORIA JUBILEE HOSPITAL**
5 Date of Birth: **SECOND DECEMBER, 2012**
6 Sex: **FEMALE**
7 Name of Child: **see line 26**

8 Physician or registered midwife in attendance: **NURSE C CHAMPAGNIE ROWE**
FATHER

9 Name and Surname: **CHARLES RUDDOCK *****

10 Age at time of birth: **45 YEARS**

11 Occupation: **INTERIOR DECORATOR**

12 Birthplace: **KINGSTON**

MOTHER

13 (a) Residence: **10 GOLDING ROAD**

(b) Town/Village: **KINGSTON 5**

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

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

(b) Still-born: **nil**

15 Name and Surname: **TRESHA POWELL *****

Maiden Name: **nil**

16 Age at time of birth: **33 YEARS**

17 Occupation: **HOMEDUTIES**

18 Birthplace: **KINGSTON**

INFORMANT(S)

19 Name and Surname: **TRESHA POWELL *****

CHARLES RUDDOCK ***

20 Qualification: **MOTHER**

FATHER

21 (a) Residence: **10 GOLDING ROAD**

10 GOLDING ROAD

(b) Town/Village: **KINGSTON 5**

KINGSTON 5

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

ST. ANDREW

REGISTRAR'S CERTIFICATE

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

23 Witness: **nil**

24 Date: **THIRD DECEMBER, 2012**

Signed by Registrar

Name if added after Registration of Birth

26 Name: **ARIANNA ALYSSA KIARA LEIGH *****

28 Date Added: **THIRD DECEMBER, 2012**

27 Authority: **CERTIFICATE OF NAMING**

Last line of Vital Data

Deirdre English Gosse

Registrar General &



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