

JAMAICA

Registrar General's
Department

Issue Date:

28th February, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**
 3. NO. **BA 4776** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**
 5. Date of Birth: **TWENTY-FOURTH NOVEMBER, 2011** 6. Sex: **MALE**
 7. Name of Child: **ALEXANDER BALTIMORE *****

8. Physician or registered midwife in attendance: **DR W HEDRINGTON**9. Name and Surname: **COURTNEY BALTIMORE JACKSON ***** FATHER10. Age at time of birth: **41 YEARS** 11. Occupation: **ACCOUNTANT**12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **3 MALLETT AVENUE**(b) Town/Village: **KINGSTON 10**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**15. Name and Surname: **STACIA SUSANNA STEWART *****Maiden Name: **nil**16. Age at time of birth: **36 YEARS**17. Occupation: **ACCOUNTING CLERK**18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **COURTNEY BALTIMORE JACKSON *******STACIA SUSANNA STEWART *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **3 MALLETT AVENUE****3 MALLETT AVENUE**(b) Town/Village: **KINGSTON 10****KINGSTON 10**(c) Parish: **ST. ANDREW****ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-FIFTH NOVEMBER, 2011**

Signed by Registrar

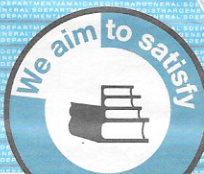
Name if added after Registration of Birth

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



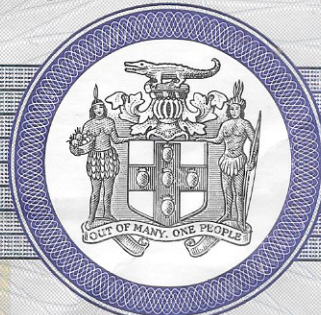
Registrar General's Department

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

for

Yvette Scott
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