

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
27th May, 2013

1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY** 2. PARISH: **ST. ANN**
 3. NO. **GA 8990** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**
 5. Date of Birth: **TWENTY-SEVENTH OCTOBER, 2012** 6. Sex: **MALE**
 7. Name of Child: **LAJÉ NATHANIEL *****

8. Physician or registered midwife in attendance: **NURSE J SAUNDERS**

FATHER

9. Name and Surname: **JAMIE KURT WILSON *****10. Age at time of birth: **28 YEARS**11. Occupation: **UNIVERSITY STUDENT**12. Birthplace: **ST ANN**

MOTHER

13. (a) Residence: **MINARD HILL**(b) Town/Village: **BROWN'S TOWN**(c) Parish: **ST. ANN**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **LA COLA FRANCINE GAYLE *****Maiden Name: **nil**16. Age at time of birth: **27 YEARS**17. Occupation: **TEACHER**18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **JAMIE KURT WILSON *******LA COLA FRANCINE GAYLE *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **MINARD HILL****MINARD HILL**(b) Town/Village: **BROWN'S TOWN****BROWN'S TOWN**(c) Parish: **ST. ANN****ST. ANN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-SEVENTH OCTOBER, 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



Registrar General's Department

Deirdre English Gosse
 Deirdre English Gosse

Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

JAMAICA

Registrar General's
Department

Issue Date:

24th September, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF

ST. ANN'S BAY

2. PARISH: ST. ANN

3. NO. GA 7710

4. Place of Birth:

PUBLIC GENERAL HOSPITAL ST ANN'S BAY

5. Date of Birth:

FIFTEENTH JUNE, 2012

6. Sex: MALE

7. Name of Child:

ACKLEEM JAVIERE ****

8. Physician or registered midwife in attendance:

DR WATSON

9. Name and Surname

LESFORD DUCKETT ***

FATHER

10. Age at time of birth:

53 YEARS

11. Occupation:

TENNIS PROFESSIONAL

12. Birthplace:

ST ANN

MOTHER

13. (a) Residence:

SALEM

(b) Town/Village:

RUNAWAY BAY

(c) Parish:

ST. ANN

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

nil

(b) Still-born:

nil

15. Name and Surname:

MELESIA SHAUNALEE WATSON ***

Maiden Name:

nil

16. Age at time of birth:

22 YEARS

17. Occupation:

HOUSEWIVES

18. Birthplace:

MANCHESTER

INFORMANT(S)

19. Name and Surname:

LESFORD DUCKETT ***

MELESIA SHAUNALEE WATSON ***

20. Qualification:

FATHER

MOTHER

21. (a) Residence:

SALEM

SALEM

(b) Town/Village:

RUNAWAY BAY

RUNAWAY BAY

(c) Parish:

ST. ANN

ST. ANN

REGISTRAR'S CERTIFICATE

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

23. Witness:

nil

24. Date:

FIFTEENTH JUNE, 2012

Signed by Registrar

Name if added after Registration of Birth

25. 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
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Deputy Keeper of the Records



JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

17th July, 2013

1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY**2. PARISH: **ST. ANN**3. NO. **GA 77**4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**5. Date of Birth: **EIGHTH FEBRUARY, 2013**6. Sex: **MALE**7. Name of Child: **KEMAR AKOY ROBB *****8. Physician or registered midwife in attendance: **DR WATSON**

FATHER

9. Name and Surname: *********10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER

13. (a) Residence: **MURRAY MOUNTAIN**(b) Town/Village: **CALDERWOOD**(c) Parish: **ST. ANN**14. No. of Children previously born to mother (a) Alive: **6**(b) Still-born: **nil**15. Name and Surname: **WINSOME BERRICK *****Maiden Name: **nil**16. Age at time of birth: **45 YEARS**17. Occupation: **HIGGLER**18. Birthplace: **ST ANN**

INFORMANT(S)

19. Name and Surname: **WINSOME BERRICK *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **MURRAY MOUNTAIN****nil**(b) Town/Village: **CALDERWOOD****nil**(c) Parish: **ST. ANN****UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **EIGHTH FEBRUARY, 2013**

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

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Initiative of GOJ - August 17, 2006

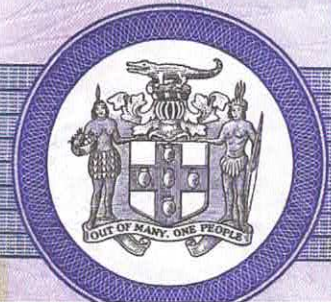


Registrar General's Department

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Deputy Keeper of the Records

THIS IS A CERTIFICATE



JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

27th March, 2013

BIRTH IN THE DISTRICT OF:

ST. ANN'S BAY

2. PARISH: ST. ANN

3. NO. GA 9692

4. Place of Birth:

PUBLIC GENERAL HOSPITAL ST ANN'S BAY

5. Date of Birth: THIRTIETH DECEMBER, 2012

6. Sex: MALE

7. Name of Child: MALECHI ELIJAH ***

8. Physician or registered midwife in attendance:

NURSE S BURKE-CAMPBELL

9. Name and Surname:

MARVIN MITCHUM PALMER ***

FATHER

10. Age at time of birth:

33 YEARS

11. Occupation:

COMPANY DIRECTOR

12. Birthplace:

ST ANN

MOTHER

13. (a) Residence:

CARDIFF HALL

(b) Town/Village:

RUNAWAY BAY

(c) Parish:

ST. ANN

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

2

(b) Still-born:

nil

15. Name and Surname:

NICOLE MARCIA ANDERSON ***

Maiden Name:

nil

16. Age at time of birth:

30 YEARS

17. Occupation:

HOMEDUTIES

18. Birthplace:

ST ANN

INFORMANT(S)

19. Name and Surname:

MARVIN MITCHUM PALMER ***

NICOLE MARCIA ANDERSON ***

20. Qualification:

FATHER

MOTHER

21. (a) Residence:

CARDIFF HALL

CARDIFF HALL

(b) Town/Village:

RUNAWAY BAY

RUNAWAY BAY

(c) Parish:

ST. ANN

ST. ANN

REGISTRAR'S CERTIFICATE

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

23. Witness:

nil

24. Date: THIRTIETH DECEMBER, 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

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Initiative of GOJ - August 17, 2006



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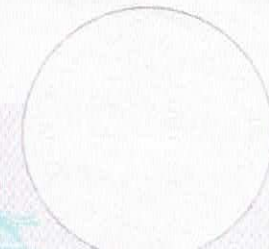
JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

15th August, 2013



1. BIRTH IN THE DISTRICT OF		ST. ANN'S BAY		2. PARISH		ST. ANN	
3. NO		GA 1008		4. Place of Birth		PUBLIC GENERAL HOSPITAL ST ANN'S BAY	
5. Date of Birth		SIXTH JUNE, 2013		6. Sex		MALE	
7. Name of Child		AHMAD ANTON ***					
8. Physician or registered midwife in attendance		DR P CLARKE					
9. Name and Surname		STANFORD GEORGE REID ***		FATHER			
10. Age at time of birth		40 YEARS		11. Occupation		BUSINESSMAN	
12. Birthplace		ST MARY		MOTHER			
13. (a) Residence		MAIN STREET		(c) Parish			
(b) Town/Village		RUNAWAY BAY		ST. ANN			
14. No. of Children previously born to mother (a) Alive		2		(b) Still-born		nil	
15. Name and Surname		ALTHEA ALECIA REID ***		16. Age at time of birth			
Maiden Name		NELSON ***		32 YEARS			
17. Occupation		HOUSEWIFE		18. Birthplace		ST ANN	
19. Name and Surname		ALTHEA ALECIA REID ***		INFORMANT(S)			
20. Qualification		MOTHER		nil			
21. (a) Residence		MAIN STREET		nil			
(b) Town/Village		RUNAWAY BAY		nil			
(c) Parish		ST. ANN		UNKNOWN			

REGISTRAR'S CERTIFICATE

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

23. Witness: nil

24. Date: SEVENTH JUNE, 2013

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 IS NOT VALID UNLESS
PREPARED ON UNERASED BORER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL

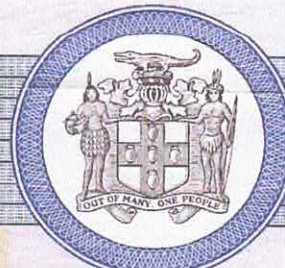
Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

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OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 6990026

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



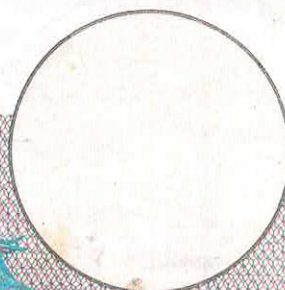


Issue Date:
26th June, 2013

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM



1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY**
 2. PARISH: **ST. ANN**
 3. NO. **GA 265**
 4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**
 5. Date of Birth: **SEVENTH MARCH, 2013**
 6. Sex: **MALE**
 7. Name of Child: **DANIEL THEODORE *****

8. Physician or registered midwife in attendance: **NURSE E AGU**

9. Name and Surname: **KERON OMAR SPENCER ***** FATHER

10. Age at time of birth: **27 YEARS** 11. Occupation: **PLUMBER**

12. Birthplace: **ST ANN**

13. (a) Residence: **CLAREMONT**

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

MOTHER

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

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

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

15. Name and Surname: **KERRIANN DAIGRE GRANT *****

Maiden Name: **nil**

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

17. Occupation: **OFFICE ATTENDANT**

18. Birthplace: **ST ANN**

19. Name and Surname: **KERON OMAR SPENCER *****

INFORMANT(S)

KERRIANN DAIGRE GRANT ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **GREAT POND**

CLAREMONT

(b) Town/Village: **OCHO RIOS**

nil

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

ST. ANN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTH MARCH, 2013**

Signed by Registrar

26. Name: **nil**

Name if added after Registration of Birth

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data

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Initiative of GOJ - August 17, 2006



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