Registrar General's Department

Issue Date:
23rd March, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO. **KA 9329** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **EIGHTH NOVEMBER, 2010** 6. Sex: **MALE**

7. Name of Child: **DEONJAY FLOYD ROBINSON *****

8. Physician or registered midwife in attendance: **NURSE S BLACK**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **MOUNT OLIVET**

(b) Town/Village: **MALVERN** (c) Parish: **ST. ELIZABETH**

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

15. Name and Surname: **KAREN BLAKE *****

Maiden Name: **nil**

17. Occupation: **FARMER** 16. Age at time of birth: **40 YEARS**

18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **KAREN BLAKE *****

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

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

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

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINTH NOVEMBER, 2010** **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

Patricia P. Holness

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

We aim to satisfy

Registrar General's Department

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

A 5782059

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE