

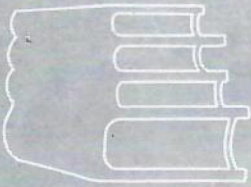
JAMAICA

Registrar General's
Department

Issue Date:

14th December, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **ELDERSLIE**2. PARISH: **ST. ELIZABETH**3. NO. **KAC 7002**4. Place of Birth: **ELDERSLIE MATERNITY CENTRE**5. Date of Birth: **SIXTEENTH SEPTEMBER, 2007**6. Sex: **MALE**7. Name of Child: **ALEX MARIO ARNOLD *****8. Physician or registered midwife in attendance: **NURSE E BENNETT**9. Name and Surname: *********

FATHER

10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER

13. (a) Residence: **FLANKERS**(b) Town/Village: **nil**(c) Parish: **ST. JAMES**14. No. of Children previously born to mother (a) Alive: **2**(b) Still-born: **nil**15. Name and Surname: **NARISA WHITTINGHAM *****Maiden Name: **nil**16. Age at time of birth: **26 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **NARISA WHITTINGHAM *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **FLANKERS****nil**(b) Town/Village: **nil****nil**(c) Parish: **ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-FOURTH SEPTEMBER, 2007**

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



for

Yvette ScottRegistrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

