

Issue Date:

7th November, 2018

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN**

2. PARISH: **ST. CATHERINE**

3. NO. **EA 147**

4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**

5. Date of Birth: **THIRTIETH JULY, 2013**

6. Sex: **MALE**

7. Name of Child: **ORLANDO ROMARIO *****

8. Physician or registered midwife in attendance: **DRS MARSTON & OO**

9. Name and Surname: **FRITZROY ORLANDO BROOKS *****

FATHER

10. Age at time of birth: **47 YEARS**

11. Occupation: **FARM WORKER**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **FRAZER'S CONTENT**

(b) Town/Village: **SPANISH TOWN**

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

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

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

15. Name and Surname: **MICHELLE TERRY-ANN BROOKS *****

Maiden Name: **HIBBERT *****

16. Age at time of birth: **38 YEARS**

17. Occupation: **HOUSEWIFE**

18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **MICHELLE TERRY-ANN BROOKS *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **FRAZER'S CONTENT**

nil

(b) Town/Village: **SPANISH TOWN**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH JULY, 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

We aim to satisfy



Registrar General's Department

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

Deirdre English Gosse

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