JAMAICA

Registrar General's Department

Issue Date:
28th March, 2017

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 7041** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-FIRST APRIL, 2011** 6. Sex: **MALE**

7. Name of Child: **JAMIE JEVORN PARKINSON *****

8. Physician or registered midwife in attendance: **NURSE V LOWE-WINT**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **LOT 20 PITFOUR CAPTURE LAND**

(b) Town/Village: **GRANVILLE** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **KELLY KIMBERLY PINNOCK *****

16. Age at time of birth: **15 YEARS**

Maiden Name: **nil**

17. Occupation: **NIL** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**KELLY KIMBERLY PINNOCK *** **	**nil**
20. Qualification:	**MOTHER**	**nil**
21. (a) Residence:	**LOT 20 PITFOUR CAPTURE LAND**	**nil**
(b)Town/Village:	**GRANVILLE**	**nil**
(c) Parish:	**ST. JAMES**	

REGISTRAR'S CERTIFICATE

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

23. Witness: nil

24. Date: **TWENTY-SECOND APRIL, 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

This is a true copy of the original

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

We aim to satisfy

OUT OF MANY, ONE PEOPLE