

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

12th December, 2012

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE**2. PARISH: **ST. ANDREW**3. NO. **BA 5428**4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**5. Date of Birth: **FOURTEENTH NOVEMBER, 2012**6. Sex: **MALE**7. Name of Child: **JAMES KAIDEN ANTHONY *****8. Physician or registered midwife in attendance: **DR S WYNTER**

FATHER

9. Name and Surname: **KASSIM DAMANI MORRISON *****10. Age at time of birth: **32 YEARS**11. Occupation: **MANAGEMENT CONSULTANT**12. Birthplace: **ST ANDREW**

MOTHER

13. (a) Residence: **7 SALISBURY AVENUE**(b) Town/Village: **KINGSTON 6**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **KAMALA SHERINE MORRISON *****Maiden Name: **SUCKRA *****16. Age at time of birth: **28 YEARS**17. Occupation: **FINANCIAL ANALYST**18. Birthplace: **WESTMORELAND**

INFORMANT(S)

19. Name and Surname: **KASSIM DAMANI MORRISON *******nil**20. Qualification: **FATHER****nil**21. (a) Residence: **7 SALISBURY AVENUE****nil**(b) Town/Village: **KINGSTON 6****nil**(c) Parish: **ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **FIFTEENTH NOVEMBER, 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

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL
Deirdre English GosseRegistrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 6653332

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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