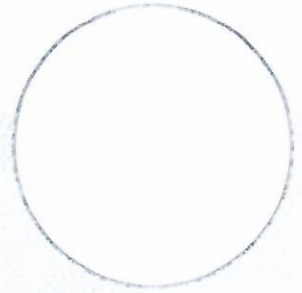




JAMAICA

Registrar General's  
DepartmentIssue Date:  
8th August, 2022

## BIRTH REGISTRATION FORM

|                                                                                                      |  |                                                                  |  |
|------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| 1. BIRTH IN THE DISTRICT OF: <b>UNIVERSITY OF THE WEST INDIES</b>                                    |  | 2. PARISH: <b>ST. ANDREW</b>                                     |  |
| 3. NO. <b>BY 7637</b>                                                                                |  | 4. Place of Birth: <b>UNIVERSITY HOSPITAL OF THE WEST INDIES</b> |  |
| 5. Date of Birth: <b>TWELFTH MAY, 2011</b>                                                           |  | 6. Sex: <b>MALE</b>                                              |  |
| 7. Name of Child: <b>KIJANO NAJAE ***</b>                                                            |  |                                                                  |  |
| 8. Physician or registered midwife in attendance: <b>DRS M ELLIOTT/D DALEY</b>                       |  |                                                                  |  |
| 9. Name and Surname: <b>STEPHEN MATTHEW JONES ***</b> FATHER                                         |  |                                                                  |  |
| 10. Age at time of birth: <b>38 YEARS</b>                                                            |  | 11. Occupation: <b>STEVEDORE</b>                                 |  |
| 12. Birthplace: <b>ST ELIZABETH</b> MOTHER                                                           |  |                                                                  |  |
| 13. (a) Residence: <b>5 STANTON STREET</b>                                                           |  |                                                                  |  |
| (b) Town/Village: <b>KINGSTON 4</b>                                                                  |  | (c) Parish: <b>KINGSTON</b>                                      |  |
| 14. No. of Children previously born to mother (a) Alive: <b>2</b> (b) Still-born: <b>nil</b>         |  |                                                                  |  |
| 15. Name and Surname: <b>LATOYA CAMILLE HYLTON ***</b>                                               |  |                                                                  |  |
| Maiden Name: <b>nil</b>                                                                              |  | 16. Age at time of birth: <b>28 YEARS</b>                        |  |
| 17. Occupation: <b>SECURITY OFFICER</b>                                                              |  | 18. Birthplace: <b>KINGSTON</b>                                  |  |
| 19. Name and Surname: <b>LATOYA CAMILLE HYLTON ***</b> INFORMANT(S) <b>STEPHEN MATTHEW JONES ***</b> |  |                                                                  |  |
| 20. Qualification: <b>MOTHER</b>                                                                     |  | <b>FATHER</b>                                                    |  |
| 21. (a) Residence: <b>5 STANTON STREET</b>                                                           |  | <b>1109 TOVER CIRCLE</b>                                         |  |
| (b) Town/Village: <b>KINGSTON 4</b>                                                                  |  | <b>GREGORY PARK</b>                                              |  |
| (c) Parish: <b>KINGSTON</b>                                                                          |  | <b>ST. CATHERINE</b>                                             |  |
| 22. (a) Signed in my presence by said informant: REGISTRAR'S CERTIFICATE                             |  |                                                                  |  |
| 23. Witness: <b>nil</b>                                                                              |  | Signed by Registrar                                              |  |
| 24. Date: <b>THIRTEENTH MAY, 2011</b>                                                                |  | Name if added after Registration of Birth                        |  |
| 26. Name: <b>nil</b>                                                                                 |  | 28. Date Added: <b>NIL</b>                                       |  |
| 27. Authority: <b>nil</b>                                                                            |  |                                                                  |  |

Last line of Vital Data

Charlton D. J. McFarlane  
Registrar General &St. George's College  
Office of the Lower School  
Vice Principal

SEPTEMBER 19, 2024