ue Date:
March, 2017

Registrar General's Department

BIRTH REGISTRATION FORM

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

3. NO. **NZ 518** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FIRST FEBRUARY, 2012** 6. Sex: **FEMALE**

7. Name of Child: **DAMARSHA BRITTANY NICHOLSON *****

8. Physician or registered midwife in attendance: **** NURSE O HAYNES**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **CHURCHILL CRESCENT**

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

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

15. Name and Surname: **WHITNEY JUSELL CALLENDER *****

Maiden Name: **nil** 16. Age at time of birth: **16 YEARS**

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

INFORMANT(S)

19. Name and Surname: **WHITNEY JUSELL CALLENDER *****

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **CHURCHILL CRESCENT** **nil**

(b)Town/Village: **FLANKERS** **nil**

(c) Parish: **ST. JAMES** **UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SECOND FEBRUARY, 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

We aim to satisfy

Registrar General's Department

CERTIFICATE NOT VALID UNLESS RAISED OR ENGRAVED BORDER

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

OUT OF MANY, ONE PEOPLE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE