

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
30th March, 2007

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**
3. NO. **BA 390** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**
5. Date of Birth: **FIRST OCTOBER, 2006** 6. Sex: **FEMALE**
7. Name of Child: **IMANI GEORGIA CAROLINE *****

8. Physician or registered midwife in attendance: **DR RUSSELL-WONG**
FATHER

9. Name and Surname: **GREGORY GEORGE WINT *****

10. Age at time of birth: **32 YEARS**

11. Occupation: **PROJECT MANAGER**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **APARTMENT 85 CAMPVIEW APARTMENT**

(b) Town/Village: **KINGSTON 5**

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

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

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

15. Name and Surname: **DONETTE LORRAINE WINT *****

Maiden Name: **DOCKERY *****

16. Age at time of birth: **28 YEARS**

17. Occupation: **TEACHER**

18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **nil**

nil

20. Qualification: **nil**

nil

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

nil

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

nil

(c) Parish: **nil**

REGISTRAR'S CERTIFICATE

22. (b) Entered by me from the particulars on a Certificate received from: **C E MORGAN**
PERSON IN CHARGE

23. Witness: **nil**

24. Date: **SIXTH OCTOBER, 2006**

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

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA



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

A 3435948

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE