

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

3rd December, 2012

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO. **KA 760** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **NINETEENTH NOVEMBER, 2011** 6. Sex: **FEMALE**

7. Name of Child: **ROSONIA OLIVIA *****

8. Physician or registered midwife in attendance: **NURSE B LEDGISTER**

9. Name and Surname: **ROSWELL MORRIS ***** FATHER

10. Age at time of birth: **26 YEARS** 11. Occupation: **WELDER**

12. Birthplace: **ST CATHERINE** MOTHER

13. (a) Residence: **THORNTON** (c) Parish: **ST. ELIZABETH**

(b) Town/Village: **nil** (b) Still-born: **nil**

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

15. Name and Surname: **CARMELL BURTON ***** 16. Age at time of birth: **25 YEARS**

Maiden Name: **nil**

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

19. Name and Surname: **CARMELL BURTON ***** INFORMANT(S) **ROSWELL MORRIS *****

20. Qualification: **MOTHER** FATHER

21. (a) Residence: **THORNTON** KITSON TOWN

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

(c) Parish: **ST. ELIZABETH** ST. CATHERINE

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST NOVEMBER, 2011** Signed by Registrar

Name added after Registration of Birth

26. Name: **nil**

27. Authority: **nil** 28. Date Added: **NIL**

Last line of Vital Data

Deirdre English Gosse

