

JAMAICA
*Registrar General's
Department*
BIRTH REGISTRATION FORM

Issue Date:
19th July, 2013

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**
3. NO. **BA 5588** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**
5. Date of Birth: **TWENTY-THIRD JANUARY, 2013** 6. Sex: **MALE**
7. Name of Child: **KAIDEN KHALID *****

8. Physician or registered midwife in attendance: **DR G McDONALD**

FATHER

9. Name and Surname: **MORAIS MIGEL HARRISON *****

10. Age at time of birth: **30 YEARS**

11. Occupation: **POLICE OFFICER**

12. Birthplace: **ST CATHERINE**

MOTHER

13. (a) Residence: **APARTMENT 2A3 UNION ESTATE TWICKENHAM PARK**

(b) Town/Village: **SPANISH TOWN**

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

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

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

15. Name and Surname: **KAYLA KHADINE BECKFORD *****

Maiden Name: **nil**

16. Age at time of birth: **27 YEARS**

17. Occupation: **INVESTIGATOR**

18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **MORAIS MIGEL HARRISON *****

KAYLA KHADINE BECKFORD ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **APARTMENT 2A3 UNION ESTATE TWICKENHAM PARK**

APARTMENT 2A3 UNION ESTATE TWICKENHAM PARK

(b) Town/Village: **SPANISH TOWN**

SPANISH TOWN

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

ST. CATHERINE

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-THIRD JANUARY, 2013**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

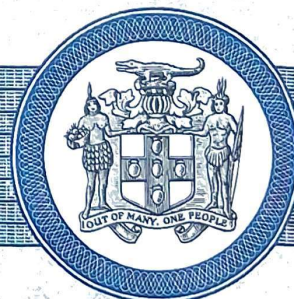
Last line of Vital Data



Registrar General's Department

Deirdre English Gosse
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



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CERTIFIED TRUE COPY

DATE: Nov. 22, 2023

[Signature]

