JAMAICA

Registrar General's Department

Issue Date:
19th July, 2013

BIRTH REGISTRATION FORM

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

We aim to satisfy
Registrar General's Department

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

CERTIFIED TRUE COPY
DATE: NOV. 22, 2023