

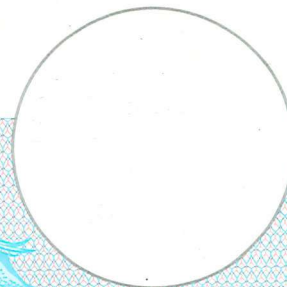
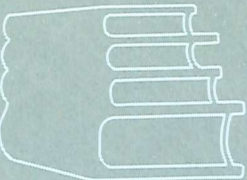
JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

18th March, 2015



1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**
3. NO. **BY 4326** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**
5. Date of Birth: **TWENTIETH OCTOBER, 2009** 6. Sex: **FEMALE**
7. Name of Child: **NAYLIA JAZMINE *****

8. Physician or registered midwife in attendance: **DRS M WILSON AND L CHARLES**9. Name and Surname: **ORVILLE AUGUSTAS JAMIESON ***** FATHER10. Age at time of birth: **28 YEARS** 11. Occupation: **TEACHER**12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **27 GOODSON AVENUE ELLESTON FLATS**(b) Town/Village: **KINGSTON 7**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**15. Name and Surname: **PETA-GAYE YOLANDA JAMIESON *****Maiden Name: **HAYE *****16. Age at time of birth: **26 YEARS**17. Occupation: **METEOROLOGICAL TECHNICIAN**18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **PETA-GAYE YOLANDA JAMIESON ***** **nil**20. Qualification: **MOTHER** **nil**21. (a) Residence: **27 GOODSON AVENUE ELLESTON FLATS** **nil**(b) Town/Village: **KINGSTON 7** **nil**(c) Parish: **ST. ANDREW** **nil**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-FIRST OCTOBER, 2009**

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



Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

