

JAMAICA

Registrar General's
DepartmentIssue Date:
17 February, 2017

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MORANT BAY**2. PARISH: **ST. THOMAS**3. NO. **CA 4298**4. Place of Birth: **PRINCESS MARGARET HOSPITAL MORANT BAY**5. Date of Birth: **FIRST NOVEMBER, 2011**6. Sex: **MALE**7. Name of Child: **JOEL JUSTIN SALMON *****8. Physician or registered midwife in attendance: **NURSE V REDWOOD**

FATHER

9. Name and Surname: *********10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER

13. (a) Residence: **MOUNT VERNON GAP**(b) Town/Village: **CEDAR VALLEY**(c) Parish: **ST. THOMAS**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **TISHANA ALICIA EWAN *****Maiden Name: **nil**16. Age at time of birth: **22 YEARS**17. Occupation: **HOME DUTIES**18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **TISHANA ALICIA EWAN *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **MOUNT VERNON GAP****nil**(b) Town/Village: **CEDAR VALLEY****nil**(c) Parish: **ST. THOMAS**

REGISTRAR'S CERTIFICATE

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

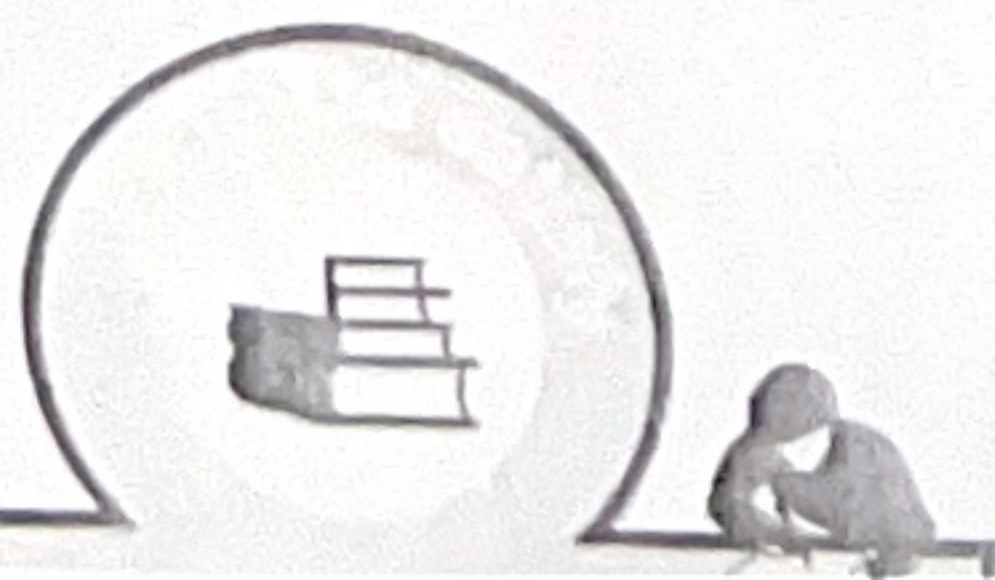
23. Witness: **nil**24. Date: **FIRST NOVEMBER, 2011**

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