



Registrar General's Department

Issue Date:
2nd October, 2023

BIRTH REGISTRATION FORM

1. Birth in the district of: **BLACK RIVER** 2. Parish: **ST. ELIZABETH**
3. No. **KA 1167** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**
5. Date of Birth: **SEVENTEENTH FEBRUARY, 2012** 6. Sex: **MALE**
7. Name of Child: **JAQUAN ATTORNEY WILLIAMSON *****

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

9. Name and Surname: *********

FATHER

10. Age at time of birth: **nil**

11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **BURNT SAVANNAH**

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

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

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

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

15. Name and Surname: **JHONELLE ATASHANEIKE WILLIAMSON *****

Maiden Name: **nil**

16. Age at time of birth: **18 YEARS**

17. Occupation: **HOME DUTIES**

18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **JHONELLE ATASHANEIKE WILLIAMSON ***** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **BURNT SAVANNAH** **nil**

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

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTEENTH FEBRUARY, 2012**

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

Charlton D. J. McFarlane

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Registrar General &
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL