Registrar General's Department - Jamaica

10203468419/2010

Issue Date:
11th January, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY** 2. PARISH: **ST. ANN**

3. NO. **GA 1708** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**

5. Date of Birth: **FOURTEENTH SEPTEMBER, 2010** 6. Sex: **MALE**

7. Name of Child: **DEMETRI ACKEEM ROSE *****

8. Physician or registered midwife in attendance: **DR FANDINO**

FATHER

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

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **MCNIE**

(b) Town/Village: **nil** (c) Parish: **CLARENDON**

14. No. of Children previously born to mother (a) Alive: **3** (b) Still-born: **nil**

15. Name and Surname: **IONIA SYLVIA SUTHERLAND *****

Maiden Name: **nil** 16. Age at time of birth: **25 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **CLARENDON**

INFORMANT(S)

19. Name and Surname: **IONIA SYLVIA SUTHERLAND ***** **nii**

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

21. (a) Residence: **MCNIE** **nil**

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

(c) Parish: **CLARENDON** **UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTEENTH SEPTEMBER, 2010** **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

First Free Copy for children born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006

A212329