

Issue Date:

14th January, 2013

Registrar General's Department BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF **SPANISH TOWN**

2. PARISH: **ST. CATHERINE**

3. NO. **EA 2232**

4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**

5. Date of Birth: **TWENTIETH OCTOBER, 2008**

6. Sex: **FEMALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE C BRYAN**

FATHER

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

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

11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **LAKES PEN**

(b) Town/Village: **SPANISH TOWN**

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

14. No. of Children previously born to mother (a) Alive: **2**

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

15. Name and Surname: **KISHION TAMELIA MASON *****

Maiden Name: **nil**

16. Age at time of birth: **26 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **KISHION TAMELIA MASON *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **LAKES PEN**

nil

(b) Town/Village: **SPANISH TOWN**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTIETH OCTOBER, 2008**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **ANNASTACIA SANIQUE HALL *****

27. Authority: **CERTIFICATE OF NAMING**

28. Date Added: **NINTH JANUARY, 2013**

Last line of Vital Data



Deirdre English Gosse
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

A 6685182

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL

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