Registrar General's Department

Issue Date:
5th November, 2020

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 8616** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL MANDEVILLE**

5. Date of Birth: **FIFTH MAY, 2009** 6. Sex: **MALE**

7. Name of Child: **TAVARDO AJAUNI** ***

8. Physician or registered midwife in attendance: **NURSE S SHAW**

FATHER

9. Name and Surname: **MARCELL LLOYD EWEN** ***

10. Age at time of birth: **22 YEARS** 11. Occupation: **FARMER**

12. Birthplace: **MANCHESTER**

MOTHER

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

(b) Town/Village: **CRAIGHEAD** (c) Parish: **MANCHESTER**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **ANTOINETTE MARION MORRIS** ***

Maiden Name: **nil** 16. Age at time of birth: **29 YEARS**

17. Occupation: **HAIRDRESSER** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**MARCELL LLOYD EWEN** ***	**ANTOINETTE MARION MORRIS** ***
20. Qualification:	FATHER	MOTHER
21. (a) Residence:	**CHUDLEIGH**	**CHUDLEIGH**
(b)Town/Village:	**CRAIGHEAD**	**CRAIGHEAD**
(c) Parish:	**MANCHESTER**	**MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTH MAY, 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

We aim to satisfy
Registrar General's Department
THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING EMBOSSED SEALS AND

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

OUT OF MANY, ONE PEOPLE

© DIESECKE & DEVRIENT GMB

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFIC