

*Registrar General's
Department*
BIRTH REGISTRATION FORM

Issue Date:
5th November, 2020

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

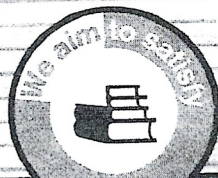
Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data



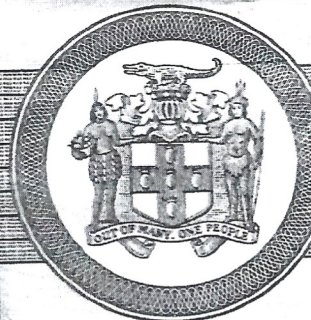
Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND

Charlton D. J. McFarlane
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



© GIESSECKE & DEVRIENT GMBH

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE