

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
25th August, 2022

1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN** 2. PARISH: **ST. CATHERINE**
3. NO. **EA 5449** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**
5. Date of Birth: **TWENTY-FIFTH SEPTEMBER, 2012** 6. Sex: **MALE**
7. Name of Child: **DEROSSY ST JULES *****

8. Physician or registered midwife in attendance: **NURSE A VACIANNA ARCHER**

9. Name and Surname: **SHAMAR RAY COPELAND ***** FATHER

10. Age at time of birth: **29 YEARS** 11. Occupation: **FIREFIGHTER**
12. Birthplace: **ST CATHERINE**

MOTHER
13. (a) Residence: **190 VICTORIA ROSE BOULEVARD MOUNTVIEW**
(b) Town/Village: **SPANISH TOWN** (c) Parish: **ST. CATHERINE**
14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**

15. Name and Surname: **PATRECE ANNAKAY ROBERTS *****
Maiden Name: **nil** 16. Age at time of birth: **29 YEARS**

17. Occupation: **CUSTOMER CARE REPRESENTATIVE** 18. Birthplace: **KINGSTON**

INFORMANT(S)
19. Name and Surname: **PATRECE ANNAKAY ROBERTS ***** **SHAMAR RAY COPELAND *****

20. Qualification: **MOTHER** **FATHER**
21. (a) Residence: **190 VICTORIA ROSE BOULEVARD MOUNTVIEW** **6 PARK CRESCENT**
(b) Town/Village: **SPANISH TOWN** **AVON PARK**
(c) Parish: **ST. CATHERINE** **ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

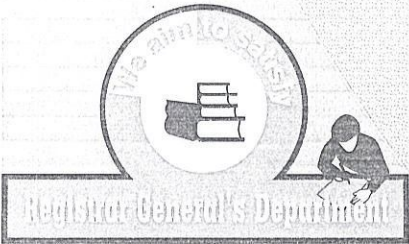
24. Date: **TWENTY-SIXTH SEPTEMBER, 2012** Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil** 28. Date Added: **NIL**

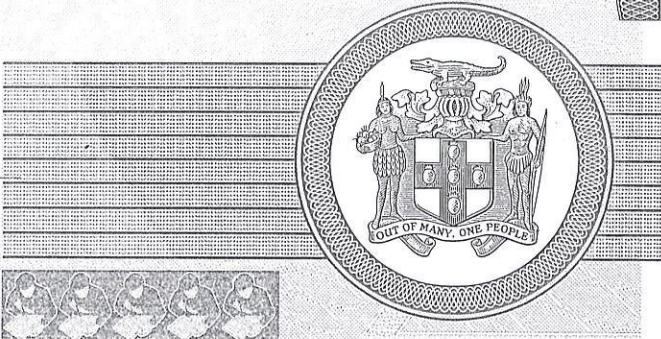
Last line of Vital Data



Registrar General &
Deputy Keeper of the Records

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

B 0033562



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE