Registrar General's Department

Issue Date:
16th March, 2015

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**

3. NO. **AA 376** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **SEVENTEENTH OCTOBER, 2012** 6. Sex: **MALE**

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

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

FATHER

9. Name and Surname: **DWAYNE O'CONNOR GIBSON *****

10. Age at time of birth: **29 YEARS** 11. Occupation: **BARTENDER**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **LOT 91 6 WEST**

(b) Town/Village: **GREATER PORTMORE** (c) Parish: **ST. CATHERINE**

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

15. Name and Surname: **KAREE TREHANA BOGLE *****

Maiden Name: **nil** 16. Age at time of birth: **24 YEARS**

17. Occupation: **SALES REPRESENTATIVE** 18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **KAREE TREHANA BOGLE *****

20. Qualification: **MOTHER**

21. (a) Residence: **LOT 91 6 WEST**

(b)Town/Village: **GREATER PORTMORE**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTEENTH OCTOBER, 2012** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **KAJAHRIE OKEINE GIBSON *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **SIXTH MARCH, 2015**

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

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

OUT OF MANY, ONE PEOPLE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE