

20th July, 2011

# BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**

3. NO. **NZ 6446**

4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

2. PARISH: **ST. JAMES**

5. Date of Birth: **NINETEENTH FEBRUARY, 2011**

7. Name of Child: **ABRIELLA AILYAH \*\*\***

6. Sex: **FEMALE**

**First born of Twins**

8. Physician or registered midwife in attendance:

**NURSE S JOHNSON**

9. Name and Surname:

**ALBERT ERROL THOMPSON \*\*\***

**FATHER**

10. Age at time of birth:

**39 YEARS**

11. Occupation:

**MASON**

12. Birthplace:

**CLARENDON**

**MOTHER**

13. (a) Residence:

**LOT 293 CATHERINE HALL**

(b) Town/Village:

**MONTEGO BAY**

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

**2**

(c) Parish:

**ST. JAMES**

15. Name and Surname:

**SHELLIANN TANYA GREENE \*\*\***

(b) Still-born:

**nil**

Maiden Name:

**nil**

17. Occupation:

**SECURITY OFFICER**

16. Age at time of birth:

**27 YEARS**

18. Birthplace:

**ST JAMES**

19. Name and Surname:

**ALBERT ERROL THOMPSON \*\*\***

**INFORMANT(S)**

**SHELLIANN TANYA GREENE \*\*\***

20. Qualification:

**FATHER**

**MOTHER**

21. (a) Residence:

**LOT 293 CATHERINE HALL**

**LOT 293 CATHERINE HALL**

(b) Town/Village:

**MONTEGO BAY**

**MONTEGO BAY**

(c) Parish:

**ST. JAMES**

**ST. JAMES**

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

**REGISTRAR'S CERTIFICATE**

23. Witness:

**nil**

24. Date:

**NINETEENTH FEBRUARY, 2011**

**Signed by Registrar**

26. Name:

**nil**

Name if added after Registration of Birth

27. Authority:

**nil**

28. Date Added:

**NIL**

*Last line of Vital Data*

**First Free Copy** for children born as of January 1, 2007 and registered with a name at birth.

**Initiative of GOJ - August 17, 2006**



*Patricia B. Halsey*  
Patricia B. Halsey

