

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
 3. NO. **NZ 3576** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
 5. Date of Birth: **TWENTY-SECOND OCTOBER, 2012** 6. Sex: **MALE**
 7. Name of Child: **D'ANDREI KAYDEN SMITH *****

8. Physician or registered midwife in attendance: **NURSE J FLETCHER**
 FATHER

9. Name and Surname: **DANIEL JEREMY ROY SMITH *****
 10. Age at time of birth: **20 YEARS** 11. Occupation: **UNIVERSITY STUDENT**

12. Birthplace: **ST JAMES**

13. (a) Residence: **WEST GREEN**

(b) Town/Village: **MONTEGO BAY**

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

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

15. Name and Surname: **SHANEKA TARANA EVANS *****

Maiden Name: **nil**

16. Age at time of birth: **20 YEARS**

17. Occupation: **UNIVERSITY STUDENT**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **SHANEKA TARANA EVANS ***** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **WEST GREEN** **nil**

(b) Town/Village: **MONTEGO BAY** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SECOND OCTOBER, 2012**

Signed by Registrar

Name Added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data

Deirdre English Gosse

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Registrar General &

Deputy Keeper of the Records

