



JAMAICA

Registrar General's  
Department

Issue Date:

5th February, 2014

## BIRTH REGISTRATION FORM

|                                                                                 |  |                                                      |  |
|---------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| 1. BIRTH IN THE DISTRICT OF: <b>MOUNT SALEM</b>                                 |  | 2. PARISH: <b>ST. JAMES</b>                          |  |
| 3. NO. <b>NZ 1647</b>                                                           |  | 4. Place of Birth: <b>CORNWALL REGIONAL HOSPITAL</b> |  |
| 5. Date of Birth: <b>SECOND OCTOBER, 2007</b>                                   |  | 6. Sex: <b>FEMALE</b>                                |  |
| 7. Name of Child: <b>ANGELINA JOLIE ***</b>                                     |  |                                                      |  |
| 8. Physician or registered midwife in attendance: <b>NURSE Y PETERKIN-BIGBY</b> |  |                                                      |  |
| FATHER                                                                          |  |                                                      |  |
| 9. Name and Surname: <b>NORMAN YOUNG ***</b>                                    |  |                                                      |  |
| 10. Age at time of birth: <b>23 YEARS</b>                                       |  | 11. Occupation: <b>FISHERMAN</b>                     |  |
| 12. Birthplace: <b>ST JAMES</b>                                                 |  |                                                      |  |
| MOTHER                                                                          |  |                                                      |  |
| 13. (a) Residence: <b>FLANKERS</b>                                              |  | (c) Parish: <b>ST. JAMES</b>                         |  |
| (b) Town/Village: <b>MONTEGO BAY</b>                                            |  |                                                      |  |
| 14. No. of Children previously born to mother (a) Alive: <b>1</b>               |  | (b) Still-born: <b>nil</b>                           |  |
| 15. Name and Surname: <b>TAMORA NASTASSIJA THOMPSON ***</b>                     |  |                                                      |  |
| Maiden Name: <b>nil</b>                                                         |  | 16. Age at time of birth: <b>20 YEARS</b>            |  |
| 17. Occupation: <b>HOMEDUTIES</b>                                               |  | 18. Birthplace: <b>ST JAMES</b>                      |  |
| 19. Name and Surname: <b>NORMAN YOUNG ***</b>                                   |  | INFORMANT(S) <b>TAMORA NASTASSIJA THOMPSON ***</b>   |  |
| 20. Qualification: <b>FATHER</b>                                                |  | <b>MOTHER</b>                                        |  |
| 21. (a) Residence: <b>FLANKERS</b>                                              |  | <b>FLANKERS</b>                                      |  |
| (b) Town/Village: <b>MONTEGO BAY</b>                                            |  | <b>MONTEGO BAY</b>                                   |  |
| (c) Parish: <b>ST. JAMES</b>                                                    |  | <b>ST. JAMES</b>                                     |  |
| REGISTRAR'S CERTIFICATE                                                         |  |                                                      |  |
| 22. (a) Signed in my presence by said informant:                                |  |                                                      |  |
| 23. Witness: <b>nil</b>                                                         |  |                                                      |  |
| 24. Date: <b>SECOND OCTOBER, 2007</b>                                           |  | Signed by Registrar                                  |  |
| Name if added after Registration of Birth                                       |  |                                                      |  |
| 26. Name: <b>nil</b>                                                            |  |                                                      |  |
| 27. Authority: <b>nil</b>                                                       |  | 28. Date Added: <b>NIL</b>                           |  |

Last line of Vital Data



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS  
PREPARED ON ENGRAVED BORDER  
DISPLAYING EMBOSSED SEALS AND  
SIGNATURE OF REGISTRAR GENERAL

Deirdre English Gösse

Registrar General &  
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE  
OF THE RECORD OFFICIALLY REGISTERED IN THE  
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Original copy issued to Angelina Young on  
9/9/2022. 21/6/2023