

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

30th October, 2017

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**
 3. NO. **BY 9417** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**
 5. Date of Birth: **TWENTIETH OCTOBER, 2007** 6. Sex: **MALE**
 7. Name of Child: **ZACHARY ZANE Le ANDREW AUSTIN *****

8. Physician or registered midwife in attendance: **STAFF MIDWIFE J GOODEN**

9. Name and Surname: *****

FATHER

10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER

13. (a) Residence: **LOT 190 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: **SUE-ANN SIMONE CLARKE *****Maiden Name: **nil**16. Age at time of birth: **29 YEARS**17. Occupation: **EXECUTIVE ASSISTANT**18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **SUE-ANN SIMONE CLARKE *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **LOT 190 6 WEST****nil**(b) Town/Village: **GREATER PORTMORE****nil**(c) Parish: **ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-FIRST OCTOBER, 2007**

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

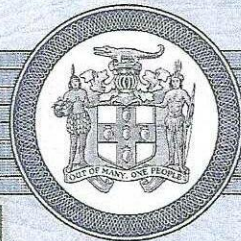


Registrar General's Department

Deirdre English Gosse
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Registrar General &
 Deputy Keeper of the Records

THIS 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