



Registrar General's Department

Issue Date:

22nd February, 2024

BIRTH REGISTRATION FORM

1. Birth in the district of: **BLACK RIVER** 2. Parish: **ST. ELIZABETH**
3. No. **KA 6132** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**
5. Date of Birth: **TWENTY-SEVENTH AUGUST, 2008** 6. Sex: **FEMALE**
7. Name of Child: **TASSANYA SAHARAH FORBES *****

8. Physician or registered midwife in attendance: **NURSE A SCOTT**

9. Name and Surname: ***** FATHER

10. Age at time of birth: **nil** 11. Occupation: **nil**12. Birthplace: **nil** MOTHER13. (a) Residence: **SLIPE**(b) Town/Village: **LACOVIA**(c) Parish: **ST. ELIZABETH**14. No. of Children previously born to mother (a) Alive: **2**(b) Still-born: **nil**15. Name and Surname: **ANESHA KEVA MYERS *****Maiden Name: **nil**16. Age at time of birth: **24 YEARS**17. Occupation: **HAIRDRESSER**18. Birthplace: **ST ELIZABETH**19. Name and Surname: **ANESHA KEVA MYERS *****

INFORMANT(S)

nil20. Qualification: **MOTHER****nil**21. (a) Residence: **SLIPE****nil**(b) Town/Village: **LACOVIA****nil**(c) Parish: **ST. ELIZABETH****nil**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-EIGHTH AUGUST, 2008**

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

Charlton D. J. McFarlane

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the RecordsTHIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL