

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
1st June, 2010

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**
3. NO. **AA 7428** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
5. Date of Birth: **FIRST FEBRUARY, 2010** 6. Sex: **MALE**
7. Name of Child: **ROJAWN ALEXANDER SMALL *****

8. Physician or registered midwife in attendance: **DR NAING**
FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **95 MOUNTAIN VIEW AVENUE**

(b) Town/Village: **KINGSTON 3**

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

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

15. Name and Surname: **RENEE ALICIA EWEN *****

Maiden Name: **nil**

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

17. Occupation: **NIL**

18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **RENEE ALICIA EWEN ***** **nil**

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

21. (a) Residence: **95 MOUNTAIN VIEW AVENUE** **nil**

(b) Town/Village: **KINGSTON 3** **nil**

(c) Parish: **ST. ANDREW** **UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SECOND FEBRUARY, 2010**

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

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 P. Holness

Registrar General &
Deputy Keeper of the Records

