



Registrar General's Department

Issue Date:
10th May, 2023

BIRTH REGISTRATION FORM

1. Birth in the district of: **FALMOUTH** 2. Parish: **TRELAWNY**
3. No. **OA 5409** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL FALMOUTH**
5. Date of Birth: **FIRST DECEMBER, 2011** 6. Sex: **MALE**
7. Name of Child: **JAHEEM XAVIERE *****
8. Physician or registered midwife in attendance: **NURSE T ALLEN**
9. Name and Surname: **XAVIER ROMAINE McKAYLE ***** FATHER
10. Age at time of birth: **26 YEARS** 11. Occupation: **TRAINED TEACHER**
12. Birthplace: **TRELAWNY** MOTHER
13. (a) Residence: **HAMPTON** (c) Parish: **TRELAWNY**
(b) Town/Village: **GRANVILLE** (b) Still-born: **nil**
14. No. of Children previously born to mother (a) Alive: **nil**
15. Name and Surname: **CHANTEA THA-LEETA CLARKE ***** 16. Age at time of birth: **20 YEARS**
Maiden Name: **nil**
17. Occupation: **HOME DUTIES** 18. Birthplace: **TRELAWNY**
INFORMANT(S)
19. Name and Surname: **XAVIER ROMAINE McKAYLE ***** **CHANTEA THA-LEETA CLARKE *****
20. Qualification: **FATHER** **MOTHER**
21. (a) Residence: **GRANVILLE** **HAMPTON**
(b) Town/Village: **FALMOUTH** **GRANVILLE**
(c) Parish: **TRELAWNY** **TRELAWNY**
REGISTRAR'S CERTIFICATE
22. (a) Signed in my presence by said informant:
23. Witness: **nil**
24. Date: **SECOND DECEMBER, 2011** 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 Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL