

Issue Date:
17th September, 2009

Department
BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 8198** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **EIGHTEENTH APRIL, 2009** 6. Sex: **FEMALE**
7. Name of Child: **ALEJANDRA BRISEIS *****

8. Physician or registered midwife in attendance: **NURSE M HINES**

9. Name and Surname: **NIGEL PRINCE *****

FATHER

10. Age at time of birth: **40 YEARS**

11. Occupation: **WAITER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **LOT 43 ROSE HEIGHTS**

(b) Town/Village: **MONTEGO BAY**

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

14. No. of Children previously born to mother (a) Alive: **1**

(b) Still-born: **nil**

15. Name and Surname: **MIKHAILE LAJUNE WILLIAMS *****

Maiden Name: **BROWN *****

16. Age at time of birth: **33 YEARS**

17. Occupation: **FRONT DESK CLERK**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **NIGEL PRINCE *****

MIKHAILE LAJUNE WILLIAMS ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **PARADISE NORWOOD**

LOT 43 ROSE HEIGHTS

(b) Town/Village: **MONTEGO BAY**

MONTEGO BAY

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

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINETEENTH APRIL, 2009**

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

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA



A 5116109

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE