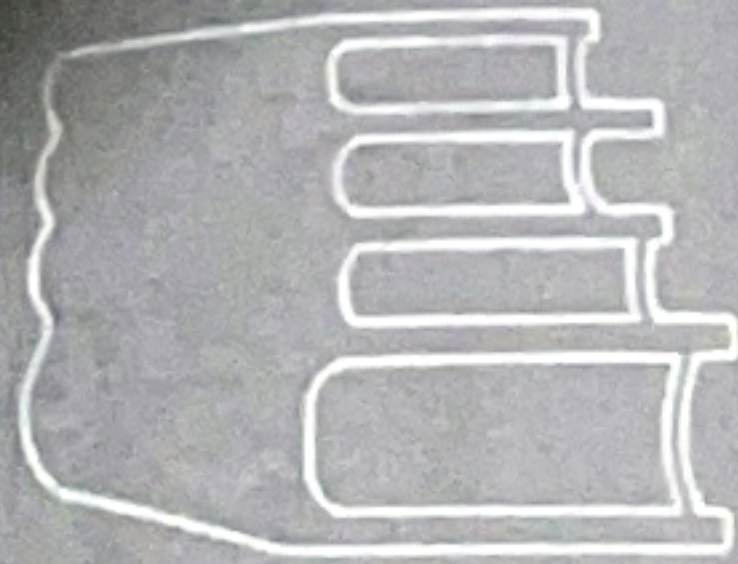




JAMAICA

Registrar General's Department

Issue Date:
17th January, 2018

BIRTH REGISTRATION FORM



1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**
 3. NO. **KA 1296** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**
 5. Date of Birth: **THIRTIETH MARCH, 2012** 6. Sex: **MALE**
 7. Name of Child: **see line 26**
 8. Physician or registered midwife in attendance: **NURSE N SHAW-MYLES**
 9. Name and Surname: **LEON MARTIN BECKFORD ***** FATHER
 10. Age at time of birth: **33 YEARS** 11. Occupation: **ELECTRICIAN**
 12. Birthplace: **ST ELIZABETH** MOTHER
 13. (a) Residence: **MIDDLESEX**
 (b) Town/Village: **nil** (c) Parish: **ST. ELIZABETH**
 14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**
 15. Name and Surname: **NICKESHA TAMIKA GOODEN *****
 Maiden Name: **nil** 16. Age at time of birth: **23 YEARS**
 17. Occupation: **HOME DUTIES** 18. Birthplace: **ST ELIZABETH**
 19. Name and Surname: **NICKESHA TAMIKA GOODEN ***** INFORMANT(S)
 20. Qualification: **MOTHER** **nil**
 21. (a) Residence: **MIDDLESEX** **nil**
 (b) Town/Village: **nil** **nil**
 (c) Parish: **ST. ELIZABETH** **nil**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH MARCH, 2012**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **DAVID MARTIN BECKFORD *****

27. Authority: **CERTIFICATE OF NAMING**

28. Date Added: **TWENTY-EIGHTH MAY, 2012**

***** AMENDMENTS *****

1. **LINES 9-12 ADDED on Third January, 2018**

Last line of Vital Data



Registrar General's Department

Deirdre English Gosse
Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

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

