



Issue Date:
20th August, 2013

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**
 3. NO. **BY 7362** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**
 5. Date of Birth: **TWELFTH MARCH, 2011** 6. Sex: **FEMALE**
 7. Name of Child: **AREVA SIKA DERRIANNA HANSON *****

8. Physician or registered midwife in attendance: **STAFF MIDWIFE O EDWARDS**

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

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

12. Birthplace: **nil** MOTHER

13. (a) Residence: **2 GLEBE CRESCENT**

(b) Town/Village: **KINGSTON 10**

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

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

15. Name and Surname: **DONNETTE SHERNETTE WITTER *****

Maiden Name: **nil**

16. Age at time of birth: **28 YEARS**

17. Occupation: **TEACHER**

18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **DONNETTE SHERNETTE WITTER ***** **nil**

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

21. (a) Residence: **2 GLEBE CRESCENT** **nil**

(b) Town/Village: **KINGSTON 10** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTEENTH MARCH, 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



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



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE