

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF **MANDEVILLE**2. PARISH: **MANCHESTER**3. NO. **IA 6283**4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**5. Date of Birth: **SEVENTH MARCH, 2011**6. Sex: **MALE**7. Name of Child: **AMARION NIKOLAI *****8. Physician or registered midwife in attendance: **NURSE PETAL HAFFENDEN**

FATHER

9. Name and Surname: **LLOYD JUNIOR FRANCIS *****10. Age at time of birth: **39 YEARS**11. Occupation: **ELECTRICIAN**12. Birthplace: **MANCHESTER**

MOTHER

13. (a) Residence: **ROCKAWAY GARDENS**(b) Town/Village: **NEWPORT**(c) Parish: **MANCHESTER**14. No. of Children previously born to mother (a) Alive: **2**(b) Still-born: **nil**15. Name and Surname: **NICOLA EVADNEY BOOTHE *****Maiden Name: **nil**16. Age at time of birth: **25 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **LLOYD JUNIOR FRANCIS *******NICOLA EVADNEY BOOTHE *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **EDINBURGH****ROCKAWAY GARDENS**(b) Town/Village: **NEWPORT****NEWPORT**(c) Parish: **MANCHESTER****MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SEVENTH 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

*CLM m. 7.1*Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

B 0038655

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

*This is certified
to be a true copy of the
original.**Handy
12/07/2022*