

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM



Issue Date:

31st October, 2008

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**
 3. NO. **BY 915** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**
 5. Date of Birth: **TWENTY-SIXTH MAY, 2008** 6. Sex: **FEMALE**
 7. Name of Child: **BRIANNA ELIZABETH AMANDA *****

8. Physician or registered midwife in attendance: **DR T LEWIS**

FATHER

9. Name and Surname: **WAYNE ANDREW LEWIS *****10. Age at time of birth: **42 YEARS**11. Occupation: **INFORMATION TECHNOLOGY MANAGER**12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **4 WHALLEY WAY**(b) Town/Village: **KINGSTON 6**(c) Parish: **ST. ANDREW**

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

nil

(b) Still-born:

nil

15. Name and Surname: **SHAWN HOPE NICOLE LEWIS *****Maiden Name: **HENLIN *****16. Age at time of birth: **36 YEARS**17. Occupation: **BUSINESS ANALYST**18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **SHAWN HOPE NICOLE HENLIN-LEWIS *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **4 WHALLEY WAY**

nil

(b) Town/Village: **KINGSTON 6**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-SIXTH MAY, 2008**

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



Patricia P. Holness
 Patricia P. Holness

Registrar General &
 Deputy Keeper of the Records

THIS IS A CERTIFICATE

