

JAMAICA

Registrar General's
Department

Issue Date:

25th September, 2020

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: MOUNT SALEM

2. PARISH: ST. JAMES

3. NO. NZ 4793

4. Place of Birth: CORNWALL REGIONAL HOSPITAL

5. Date of Birth: EIGHTEENTH OCTOBER, 2010

6. Sex: FEMALE

7. Name of Child: GLENDINE LATOYA MOODIE ***

8. Physician or registered midwife in attendance: NURSE E CUNNINGHAM
FATHER

9. Name and Surname: *****

10. Age at time of birth: nil

11. Occupation: nil

12. Birthplace: nil

MOTHER

13. (a) Residence: ARGYLE MOUNTAIN

(c) Parish: WESTMORELAND

(b) Town/Village: BETHEL TOWN

(b) Still-born: nil

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

15. Name and Surname: NOTAYA SHAKARA SCARLETT ***

16. Age at time of birth: 21 YEARS

Maiden Name: nil

17. Occupation: HOME DUTIES

18. Birthplace: WESTMORELAND

INFORMANT(S)

19. Name and Surname: NOTAYA SHAKARA SCARLETT ***

nil

20. Qualification: MOTHER

nil

21. (a) Residence: ARGYLE MOUNTAIN

nil

(b) Town/Village: BETHEL TOWN

nil

(c) Parish: WESTMORELAND

REGISTRAR'S CERTIFICATE

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

23. Witness: nil

24. Date: NINETEENTH OCTOBER, 2010

Signed by Registrar

Name if added after Registration of Birth

26. Name: nil

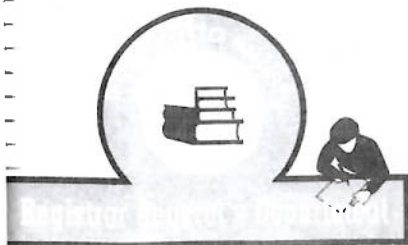
27. Authority: nil

28. Date Added: NIL

***** AMENDMENTS *****

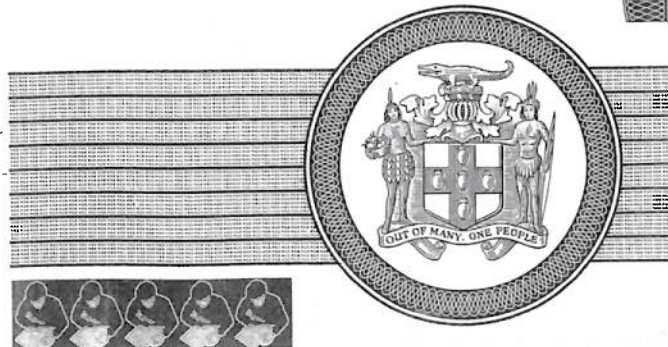
1: LINES 15 AND 19 CHANGED TO READ NOTOYA SHAKARA SCARLETT on Twenty-Third September, 2020

Last line of Vital Data



CLM 17.11

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

© GIESECKE & DEBRIENT GMBH 2000

A 9446237

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Phone #1: _____

Phone #2: _____

Occupation: _____

Work Address _____

Work Phone number(s): _____