JAMAICA

Registrar General's Department

Issue Date:
1st March, 2023

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 6664** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL MANDEVILLE**

5. Date of Birth: **EIGHTEENTH NOVEMBER, 2008** 6. Sex: **MALE**

7. Name of Child: **JEVAUGHN MATTHEW GORDON *****

8. Physician or registered midwife in attendance: **NURSE J FEARON**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **ENDEAVOUR**

(b) Town/Village: **MILE GULLY** (c) Parish: **MANCHESTER**

14. No. of Children previously born to mother (a) Alive: **3** (b) Still-born: **nil**

15. Name and Surname: **KEISHA MELLISSA FAULKNOR *****

Maiden Name: **nil** 16. Age at time of birth: **31 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **KEISHA MELLISSA FAULKNOR *****

20. Qualification: **MOTHER**

21. (a) Residence: **ENDEAVOUR**

(b)Town/Village: **MILE GULLY**

(c) Parish: **MANCHESTER**

nil

nil

nil

nil

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTEENTH NOVEMBER, 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

We aim to satisfy

Charlton D. J. McFarlane

Registrar General &