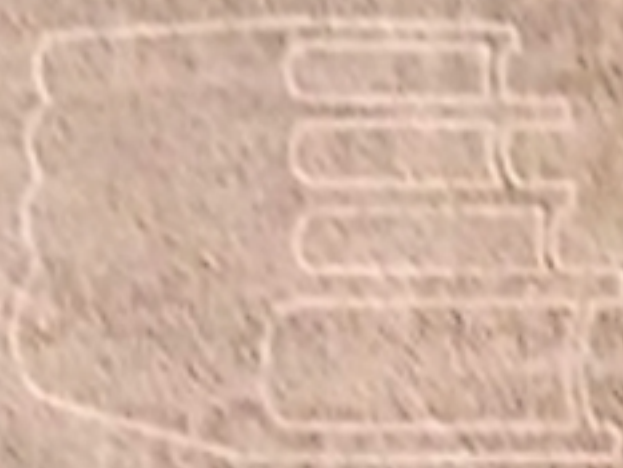
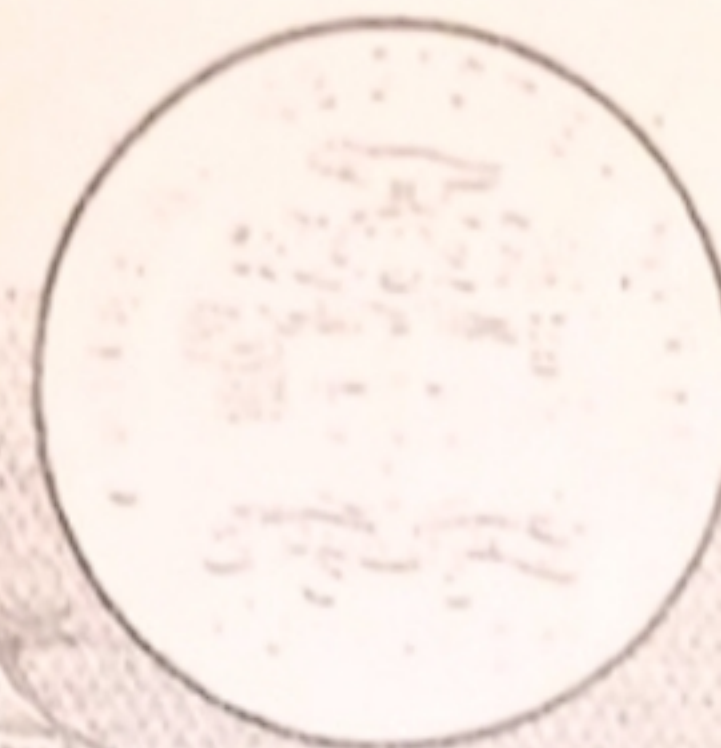




JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM



Issue Date:

1st March, 2023

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 FAULKNER *****

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 FAULKNER *****

nil

20. Qualification: **MOTHER**

nil

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

nil

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

nil

(c) Parish: **MANCHESTER**

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



CLH 17.7.11

Charlton D. J. McFarlane

Registrar General &

