Department

Issue Date:
20th July, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 6295** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FIFTH FEBRUARY, 2011** 6. Sex: **FEMALE**

7. Name of Child: **O'SANYA SHYHEIM GRANT *****

8. Physician or registered midwife in attendance: **NURSE Y PETERKIN-BIGBY**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **PEACE VIEW ALBION**

(b) Town/Village: **MONTEGO BAY** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **RADHICA ALICIA MILLER *****

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

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **RADHICA ALICIA MILLER ***** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **PEACE VIEW ALBION** **nil**

(b)Town/Village: **MONTEGO BAY** **nil**

(c) Parish: **ST. JAMES** **UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SIXTH FEBRUARY, 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

First Free Copy for chil
as of January 1, 2007 and re
with a name at birth.
Initiative of GOJ - August 17, 2

We aim to satisfy

Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING EMBOSSED SEALS AND SIGNATURE OF REGISTRAR GENERAL

Patricia P. Holness
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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