

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Date:

April, 2013

1. BIRTH IN THE DISTRICT OF: **KINGSTON**

2. PARISH: **KINGSTON**

3. NO. **AA 3785**

4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **NINTH NOVEMBER, 2010**

6. Sex: **MALE**

7. Name of Child: **BRYEEM ST CLAIR *****

8. Physician or registered midwife in attendance: **NURSE K SMITH**

FATHER

9. Name and Surname: **DAMION ROBERTS *****

10. Age at time of birth: **28 YEARS**

11. Occupation: **FABRICATOR**

12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **25 PANDORA CRESCENT**

(b) Town/Village: **KINGSTON 11**

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

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

(b) Still-born: **nil**

15. Name and Surname: **SHERMAYNE THOMPSON *****

Maiden Name: **nil**

16. Age at time of birth: **27 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **SHERMAYNE THOMPSON *****

DAMION ROBERTS ***

20. Qualification: **MOTHER**

FATHER

21. (a) Residence: **25 PANDORA CRESCENT**

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(b) Town/Village: **KINGSTON 11**

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

ST. ANDREW

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TENTH NOVEMBER, 2010**

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



Deirdre
Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OFFICIALLY REGISTERED IN THE

