

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
28th June, 2013

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 4920** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **FIRST FEBRUARY, 2013** 6. Sex: **FEMALE**
7. Name of Child: **ODYSSEA ARIANNA *****

8. Physician or registered midwife in attendance: **NURSE S HEADLEY**

FATHER

9. Name and Surname: **FENTON NATANAIL FORRESTER *****10. Age at time of birth: **25 YEARS**11. Occupation: **CARPENTER**12. Birthplace: **ST JAMES**

MOTHER

13 (a) Residence: **CRAWFORD STREET**(b) Town/Village: **MOUNT SALEM**(c) Parish: **ST. JAMES**14 No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15 Name and Surname: **ORETIA NATESHA WILLIAMS *****Maiden Name: **nil**16. Age at time of birth: **22 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **ST JAMES**

INFORMANT(S)

19 Name and Surname: **FENTON NATANAIL FORRESTER *******ORETIA NATESHA WILLIAMS *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **ROSE HEIGHTS****CRAWFORD STREET**(b) Town/Village: **MONTEGO BAY****MOUNT SALEM**(c) Parish: **ST. JAMES****ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SECOND FEBRUARY, 2013**

Signed by Registrar

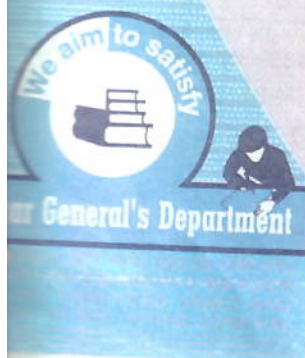
Name if added after Registration of Birth

26. Name: **nil**27. Authority: **nil**28. Date Added: **NIL**

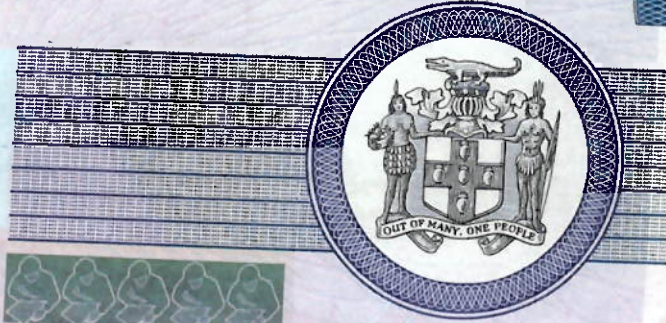
Last line of Vital Data

First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.

Initiative of GOJ - August 17, 2006



Deirdre English Gosse

Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 6925233

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Phone #1: **876 - 803 - 4447**

Phone #2: _____

Occupation: _____

Work Address _____

Work Phone number(s): _____