0102065120003/2022

Issue Date:
15th August, 2022

# JAMAICA

## Registrar General's Department

## BIRTH REGISTRATION FORM

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

3. NO: **IA 4694** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **TWENTIETH OCTOBER, 2010** 6. Sex: **FEMALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **DOCTORS J JONES/ZIN**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

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

(b) Town/Village: **HARRYWATCH** (c) Parish: **MANCHESTER**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **CANDISUE LEONISSA STEPHENSON *****

Maiden Name: **nil**

17. Occupation: **HOMEDUTIES** 16. Age at time of birth: **18 YEARS**

18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **CANDISUE LEONISSA STEPHENSON *****

20. Qualification: **MOTHER**

21. (a) Residence: **WHITBY** **nil**

(b) Town/Village: **HARRYWATCH** **nil**

(c) Parish: **MANCHESTER** **nil**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST OCTOBER, 2010**

**Signed by Registrar**

Name if added after Registration of Birth

26. Name: **SUEANN YANIQUE SWABY *****

27. Authority: **CERTIFICATE OF NAMING**

28. Date Added: **SIXTH DECEMBER, 2010**

*Last line of Vital Data*