

JAMAICA

Registrar General's
Department

Issue Date:

7th December, 2011

BIRTH REGISTRATION FORM

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

3. NO: **NZ 7410** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FOURTH JUNE, 2011** 6. Sex: **FEMALE**

7. Name of Child: **TASEAN CONEILIA *****

8. Physician or registered midwife in attendance: **DOCTOR M SUCKOO**

9. Name and Surname: **JERMAINE ANTHONIEL MONTIQUE ***** FATHER

10. Age at time of birth: **26 YEARS** 11. Occupation: **WAREHOUSE SUPERVISOR**

12. Birthplace: **ST JAMES** MOTHER

13. (a) Residence: **QUEENS GATE** (c) Parish: **ST. JAMES**

(b) Town/Village: **LITTLE RIVER** (b) Still-born: **nil**

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

15. Name and Surname: **NATTANYA CONSTANTIA MCKENZIE ***** 16. Age at time of birth: **31 YEARS**

Maiden Name: **nil**

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

19. Name and Surname: **JERMAINE ANTHONIEL MONTIQUE ***** **NATTANYA CONSTANTIA MCKENZIE *****

20. Qualification: **FATHER** **MOTHER**

21. (a) Residence: **CORNWALL** **QUEENS GATE**

(b) Town/Village: **LITTLE RIVER** **LITTLE RIVER**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTH JUNE, 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 children born
as of January 1, 2007 and registered
with a name at birth.

Initiative of GOJ - August 17, 2006



for

Yvette Scott
Yvette Scott

Registrar General &
Deputy Keeper of the Records



First Name

Last Name

Home Address: MOWING VIEW DRIVE FLANKERSPhone #1: 876-580-575-4198 Phone #2: _____Occupation: COLLECTOR (INFINITY/SINETREE) PROFESSIONAL DJ - YMENTWork Address 7 MANGROVE WAY FREEPORT - FREEZONE ST. JAMES
MONT EGO BAWork Phone number(s): 876-584-7098 (HR)