

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Due Date:
May, 2010

1. BIRTH IN THE DISTRICT OF: **MORANT BAY**

2. PARISH: **ST. THOMAS**

3. NO. **CA 1784**

4. Place of Birth: **PRINCESS MARGARET HOSPITAL MORANT BAY**

5. Date of Birth: **THIRD OCTOBER, 2009**

6. Sex: **MALE**

7. Name of Child: **JERMAINE DERRICK *****

8. Physician or registered midwife in attendance: **NURSE R SALTER**

9. Name and Surname: **DERRICK HAYNES *****

FATHER

10. Age at time of birth: **43 YEARS**

11. Occupation: **FARMER**

12. Birthplace: **ST THOMAS**

MOTHER

13. (a) Residence: **MOUNT LEBANUS**

(b) Town/Village: **TRINITYVILLE**

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

14. No. of Children previously born to mother (a) Alive: **2**

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

15. Name and Surname: **JULIAN HAYNES *****

Maiden Name: **WILLIAMS *****

16. Age at time of birth: **37 YEARS**

17. Occupation: **HOUSEWIFE**

18. Birthplace: **ST THOMAS**

INFORMANT(S)

19. Name and Surname: **JULIAN HAYNES *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **MOUNT LEBANUS**

nil

(b) Town/Village: **TRINITYVILLE**

nil

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

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRD OCTOBER, 2009**

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



Registrar General &
Deputy Keeper of the Records

Patricia P. Holness
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