

JAMAICA

Registrar General's
Department

Issue Date:

26th September, 2017

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF:	BLACK RIVER	2. PARISH:	ST. ELIZABETH
3. NO.	KA 1139	4. Place of Birth:	PUBLIC GENERAL HOSPITAL BLACK RIVER
5. Date of Birth:	TENTH FEBRUARY, 2012	6. Sex:	FEMALE
7. Name of Child:	AKEELAH ORELIA SANDREANNA ***		
8. Physician or registered midwife in attendance:	NURSE K BROWN		
9. Name and Surname:	OREL ANTONIO FOWLER ***		
10. Age at time of birth:	22 YEARS	11. Occupation:	FARMER
12. Birthplace:	WESTMORELAND		
13. (a) Residence:	BEESTON SPRING		
(b) Town/Village:	nil	(c) Parish:	WESTMORELAND
14. No. of Children previously born to mother (a) Alive:	nil	(b) Still-born:	nil
15. Name and Surname:	SANDREA SHELLY-ANN LEMONIA ROCKLAND ***		
Maiden Name:	nil	16. Age at time of birth:	21 YEARS
17. Occupation:	HOME DUTIES	18. Birthplace:	WESTMORELAND
19. Name and Surname:	SANDREA SHELLY-ANN LEMONIA ROCKLAND ***		
20. Qualification:	MOTHER	FATHER	
21. (a) Residence:	BEESTON SPRING	LONG HILL	
(b) Town/Village:	nil	WHITEHOUSE	
(c) Parish:	WESTMORELAND	WESTMORELAND	
REGISTRAR'S CERTIFICATE			
22. (a) Signed in my presence by said informant:			
23. Witness:	nil		
24. Date:	TENTH FEBRUARY, 2012	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



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS ANDDeirdre 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

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE