

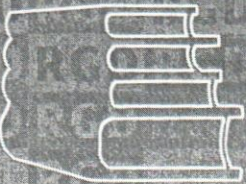
JAMAICA

Registrar General's
Department

Issue Date:

6th December, 2011

BIRTH REGISTRATION FORM



1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**
3. NO. **BA 4531** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**
5. Date of Birth: **TWENTY-SECOND AUGUST, 2011** 6. Sex: **MALE**
7. Name of Child: **JUSTIN CARL REYNOLDO *****

8. Physician or registered midwife in attendance: **DR HEDRINGTON**

FATHER

9. Name and Surname: **STEVE ALEXANDER BILLINGS *****10. Age at time of birth: **30 YEARS**11. Occupation: **CUSTOMS BROKER**12. Birthplace: **ENGLAND**

MOTHER

13. (a) Residence: **96A OLD HOPE ROAD**(b) Town/Village: **KINGSTON 6**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **1**(b) Still-born: **nil**15. Name and Surname: **KEISHA RENEE BISNOTT *****Maiden Name: **REYNOLDS *****16. Age at time of birth: **36 YEARS**17. Occupation: **HUMAN RESOURCE MANAGER**18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **KEISHA RENEE BISNOTT *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **96A OLD HOPE ROAD**

nil

(b) Town/Village: **KINGSTON 6**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-THIRD AUGUST, 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



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL
Yvette Scottfor
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