



# Registrar General's Department

**Issue Date:****13th May, 2025****BIRTH REGISTRATION FORM**

1. Birth in the district of: **MANDEVILLE** 2. Parish: **MANCHESTER**  
3. No. **IA 7807** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**  
5. Date of Birth: **SEVENTEENTH DECEMBER, 2013** 6. Sex: **MALE**  
7. Name of Child: **IYJAH JAHMERAH LAWRENCE \*\*\***  
8. Physician or registered midwife in attendance: **NURSE J BONNER-WAUGH**  
9. Name and Surname: **\*\*\*\*\*** **FATHER**  
10. Age at time of birth: **nil** 11. Occupation: **nil**  
12. Birthplace: **nil** **MOTHER**  
13. (a) Residence: **NEW FIELD** (c) Parish: **MANCHESTER**  
(b) Town/Village: **NEW PORT**  
14. No. of Children previously born to mother (a) Alive: **4** (b) Still-born: **nil**  
15. Name and Surname: **PATRICIA MARICA MEIKLE \*\*\***  
Maiden Name: **nil** 16. Age at time of birth: **42 YEARS**  
17. Occupation: **HOME DUTIES** 18. Birthplace: **MANCHESTER**  
**INFORMANT(S)**  
19. Name and Surname: **PATRICIA MARICA MEIKLE \*\*\*** **nil**  
20. Qualification: **MOTHER** **nil**  
21. (a) Residence: **NEW FIELD** **nil**  
(b) Town/Village: **NEW PORT** **nil**  
(c) Parish: **MANCHESTER**  
**REGISTRAR'S CERTIFICATE**  
22. (a) Signed in my presence by said informant:  
23. Witness: **nil**  
24. Date: **EIGHTEENTH DECEMBER, 2013** **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***Desmond Davis (Act.)****Registrar General &  
Deputy Keeper of the Records****THIS CERTIFICATE IS NOT VALID UNLESS  
BEARING SIGNATURE OF THE REGISTRAR GENERAL**