



Registrar General's Department

Issue Date:**17th January, 2024**

BIRTH REGISTRATION FORM

1. Birth in the district of: **KINGSTON** 2. Parish: **KINGSTON**
3. No. **AA 6771** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
5. Date of Birth: **FIFTEENTH MAY, 2012** 6. Sex: **MALE**
7. Name of Child: **CORNELIUS NORRIS CHEVOY BISHOP *****
8. Physician or registered midwife in attendance: **NURSE L HEADLAM**
9. Name and Surname: ********* FATHER
10. Age at time of birth: **nil** 11. Occupation: **nil**
12. Birthplace: **nil** MOTHER
13. (a) Residence: **12A LEMON LANE**
(b) Town/Village: **KINGSTON 11** (c) Parish: **ST. ANDREW**
14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**
15. Name and Surname: **SASHANNA CHEVILYN WALKER *****
Maiden Name: **nil** 16. Age at time of birth: **21 YEARS**
17. Occupation: **HOME DUTIES** 18. Birthplace: **KINGSTON**
INFORMANT(S)
19. Name and Surname: **SASHANNA CHEVILYN WALKER ***** **nil**
20. Qualification: **MOTHER** **nil**
21. (a) Residence: **12A LEMON LANE** **nil**
(b) Town/Village: **KINGSTON 11** **nil**
(c) Parish: **ST. ANDREW**
REGISTRAR'S CERTIFICATE
22. (a) Signed in my presence by said informant:
23. Witness: **nil**
24. Date: **SIXTEENTH MAY, 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**Charlton D. J. McFarlane*

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the RecordsTHIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL