Issue Date:
14th June, 2017

Department

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN** 2. PARISH: **ST. CATHERINE**

3. NO. **EA 1945** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**

5. Date of Birth: **TWENTY-NINTH APRIL, 2010** 6. Sex: **MALE**

7. Name of Child: **KHALID ANTHONY DWAYNE *****

8. Physician or registered midwife in attendance: **DRS WILLIAMSON/KELLY**

FATHER

9. Name and Surname: **DWAYNE ANDREA MULLINGS *****

10. Age at time of birth: **28 YEARS** 11. Occupation: **TEACHER**

12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **92 MAGNESIUM AVENUE MINERAL HEIGHTS**

(b) Town/Village: **MAY PEN** (c) Parish: **CLARENDON**

14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**

15. Name and Surname: **KHADENE ANTOINETTE ALEXIS BARKER *****

Maiden Name: **nil** 16. Age at time of birth: **23 YEARS**

17. Occupation: **TEACHER** 18. Birthplace: **CLARENDON**

INFORMANT(S)

19. Name and Surname:	**KHADENE ANTOINETTE ALEXIS BARKER *****	**DWAYNE ANDREA MULLINGS *****
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**92 MAGNESIUM AVENUE MINERAL HEIGHTS**	**LOT 3 FIRST STREET NEW BOWENS**
(b)Town/Village:	**MAY PEN**	**MAY PEN**
(c) Parish:	**CLARENDON**	**CLARENDON**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTIETH APRIL, 2010** **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

We aim to satisfy

Registrar General's Department

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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 8421674

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE