

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

ie Date:
* May, 2010

1. BIRTH IN THE DISTRICT OF: **PORT MARIA** 2. PARISH: **ST. MARY**
3. NO. **FB 6705** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL PORT MARIA**
5. Date of Birth: **TWENTY-FIRST NOVEMBER, 2009** 6. Sex: **MALE**
7. Name of Child: **TAVARIS JOEL *****

8. Physician or registered midwife in attendance: **NURSE R HAMILTON**

FATHER

9. Name and Surname: **JAMES TAVARIS JONES *****

10. Age at time of birth: **49 YEARS**

11. Occupation: **SECURITY OFFICER**

12. Birthplace: **PORTLAND**

MOTHER

13. (a) Residence: **MARLBOROUGH**

(b) Town/Village: **RICHMOND**

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

14. No. of Children previously born to mother (a) Alive: **3**

(b) Still-born: **nil**

15. Name and Surname: **SHURDINE JACQUELINE JONES *****

Maiden Name: **THOMPSON *****

16. Age at time of birth: **39 YEARS**

17. Occupation: **DOMESTIC**

18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **SHURDINE JACQUELINE JONES *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **MARLBOROUGH**

nil

(b) Town/Village: **RICHMOND**

nil

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

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST NOVEMBER, 2009**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

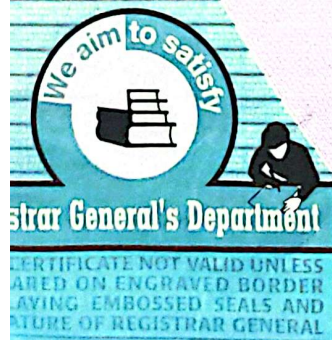
27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data

First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.

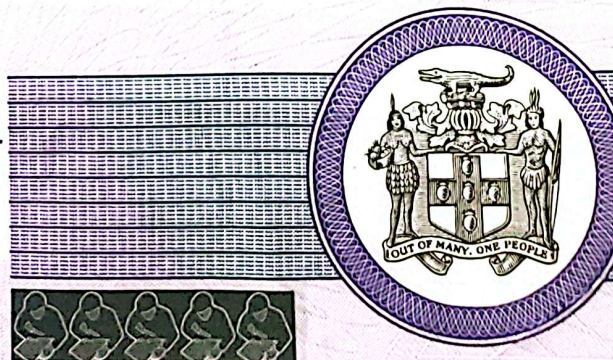
Initiative of GOJ - August 17, 2006



Patricia P. Holness
Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

THIS 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