Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
12th September, 2013

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**

3. NO. **BY 2269** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

5. Date of Birth: **TWENTIETH JULY, 2013** 6. Sex: **MALE**

7. Name of Child: **CHRISTIAN TAVERE CHAPLIN *****

8. Physician or registered midwife in attendance: **DR C DALEY**

FATHER

9. Name and Surname: **********

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **5 EAST AVENUE**

(b) Town/Village: **KINGSTON 16** (c) Parish: **KINGSTON**

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

15. Name and Surname: **LATOYA ALLISON WILLIAMS *****

Maiden Name: **nil** 16. Age at time of birth: **26 YEARS**

17. Occupation: **SECRETARY** 18. Birthplace: **ST MARY**

INFORMANT(S)

19. Name and Surname: **LATOYA ALLISON WILLIAMS *****

20. Qualification:	**MOTHER**	**nil**
21. (a) Residence:	**5 EAST AVENUE**	**nil**
(b)Town/Village:	**KINGSTON 16**	**nil**
(c) Parish:	**KINGSTON**	**UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST JULY, 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

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

Initiative of GOJ - August 17, 2006

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 7034750

OUT OF MANY, ONE PEOPLE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE