

Issue Date:
12th September, 2013

Department
BIRTH REGISTRATION FORM

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 *****

nil

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.

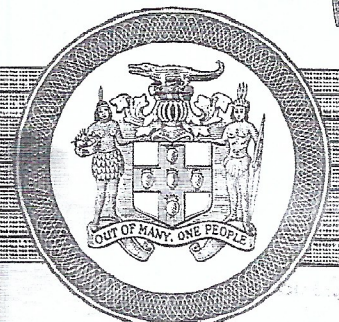
Initiative of GOJ - August 17, 2006



Deirdre English Gosse
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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE