



Registrar General's Department

Issue Date:
28th July 2022

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SPALDINGS**

2. PARISH: **MANCHESTER**

3. NO. **IAH 6413**

4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPALDINGS**

5. Date of Birth: **FOURTEENTH OCTOBER, 2011**

6. Sex: **MALE**

7. Name of Child: **JAHEEM ODAIN *****

8. Physician or registered midwife in attendance: **NURSE L. DELL**

9. Name and Surname: **FABIAN CHRISTOPHER BAILEY ***** FATHER

10. Age at time of birth: **22 YEARS**

11. Occupation: **TRUCK DRIVER**

12. Birthplace: **MANCHESTER**

MOTHER

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

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

(c) Parish: **TRELAWNY**

14. No. of Children previously born to mother (a) Alive: **1**

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

15. Name and Surname: **SANDRA SIMONE MCFARLANE *****

Maiden Name: **nil**

16. Age at time of birth: **22 YEARS**

17. Occupation: **WAITRESS**

18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **FABIAN CHRISTOPHER BAILEY *****

SANDRA SIMONE MCFARLANE ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **SILENT HILL**

BATTERSEA

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

LORRIMERS

(c) Parish: **MANCHESTER**

TRELAWNY

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTEENTH OCTOBER, 2011**

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



CLH 11/11

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

