010904776126/2015

JAMAICA

Registrar General's Department

Issue Date:
21st September, 2015

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: MANDEVILLE
2. PARISH: MANCHESTER
3. NO: IA 6488
4. Place of Birth: MANDEVILLE REGIONAL HOSPITAL
5. Date of Birth: FOURTH SEPTEMBER, 2013
6. Sex: MALE
7. Name of Child: JORDON TYLER WILSON ***
8. Physician or registered midwife in attendance: NURSE D BENNETT

FATHER

9. Name and Surname: SHELDON DELROY WILSON ***
10. Age at time of birth: 23 YEARS
11. Occupation: WOODWORKER
12. Birthplace: MANCHESTER

MOTHER

13. (a) Residence: STRUAN CASTLE
(b) Town/Village: CHRISTIANA
(c) Parish: MANCHESTER
14. No. of Children previously born to mother (a) Alive: nil
(b) Still-born: nil
15. Name and Surname: CASSANDRA SHERIKA MORRIS ***
Maiden Name: nil
16. Age at time of birth: 19 YEARS
17. Occupation: HOMEDUTIES
18. Birthplace: ST ANN

INFORMANT(S)

19. Name and Surname: CASSANDRA SHERIKA MORRIS *** nil
20. Qualification: MOTHER nil
21. (a) Residence: STRUAN CASTLE nil
(b) Town/Village: CHRISTIANA nil
(c) Parish: MANCHESTER

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: nil
24. Date: FIFTH SEPTEMBER, 2013 Signed by Registrar

Name if added after Registration of Birth

26. Name: nil
27. Authority: nil
28. Date Added: NIL

****** AMENDMENTS ******

1: *LINES 9-12 ADDED on Seventh September, 2015*

Last line of Vital Data

We aim to satisfy
Registrar General's Department

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

OUT OF MANY, ONE PEOPLE

© GIESECKE & DEVRIENT GMBH 2008

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE