



Issue Date:
16th October, 2009

JAMAICA
Registrar General's
Department
BIRTH REGISTRATION FORM



1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 7203** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **SEVENTEENTH JANUARY, 2009** 6. Sex: **FEMALE**
7. Name of Child: **TIANNA AMAYA *****
8. Physician or registered midwife in attendance: **DOCTOR W HARVEY**
9. Name and Surname: **STENNETH LENWORTH DIXON ***** FATHER
10. Age at time of birth: **43 YEARS** 11. Occupation: **MEDICAL DOCTOR**
12. Birthplace: **CLARENDON**
13. (a) Residence: **LOT 3 FRED SARAH CLOSE** MOTHER
(b) Town/Village: **BOGUE HILL**
14. No. of Children previously born to mother (a) Alive: (b) Still-born: **nil** (c) Parish: **ST. JAMES**
15. Name and Surname: **JENNIFER PAMELA DIXON *****
Maiden Name: **STUART *****
16. Age at time of birth: **38 YEARS**
17. Occupation: **PSYCHOLOGIST** 18. Birthplace: **WALES**
19. Name and Surname: **JENNIFER PAMELA DIXON ***** INFORMANT(S)
20. Qualification: **MOTHER** **nil**
21. (a) Residence: **LOT 3 FRED SARAH CLOSE** **nil**
(b) Town/Village: **BOGUE HILL** **nil**
(c) Parish: **ST. JAMES** **nil**

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

REGISTRAR'S CERTIFICATE

23. Witness: **nil**

24. Date: **SEVENTEENTH JANUARY, 2009**

Signed by Registrar

26. Name: **nil**

Name if added after Registration of Birth

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data

I hereby
certify that this
is a true copy of
the original document

JP - 31 Jan 09



Patricia P. Holness
Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

