



JAMAICA

Registrar General's
DepartmentPATH
1100104851Issue Date:
22nd October, 2022

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF **BLACK RIVER**3. NO. **KA 3224**4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**5. Date of Birth: **TWENTY-SECOND SEPTEMBER, 2013**6. Sex: **MALE**7. Name of Child: **CHADWAYNE CLYDE *****8. Physician or registered midwife in attendance: **NURSE N S WHITTAKER**9. Name and Surname: **CLYDE DERVAL GRANT ***** FATHER10. Age at time of birth: **24 YEARS**11. Occupation: **CONSTRUCTION WORKER**12. Birthplace: **ST ELIZABETH**13. (a) Residence: **PARK** MOTHER(b) Town/Village: **SANTA CRUZ**14. No. of Children previously born to mother (a) Alive: **1**(c) Parish: **ST. ELIZABETH**
(b) Still-born: **nil**15. Name and Surname: **GILLIAN LISA-MARIE WALTERS *****Maiden Name: **nil**17. Occupation: **HOME DUTIES**16. Age at time of birth: **18 YEARS**18. Birthplace: **ST ELIZABETH**19. Name and Surname: **GILLIAN LISA-MARIE WALTERS ***** INFORMANT(S)**CLYDE DERVAL GRANT *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **PARK****PAGON DRIVE**(b) Town/Village: **SANTA CRUZ****SANTA CRUZ**(c) Parish: **ST. ELIZABETH****ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TWENTY-THIRD SEPTEMBER, 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



Registrar General's Department

CLM
Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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