

## JAMAICA

Registrar General's  
Department

Issue Date:

30th June, 2016

## BIRTH REGISTRATION FORM

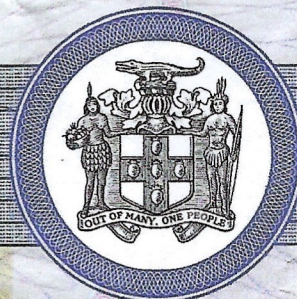
|                                                                                                                                          |  |                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| 1. BIRTH IN THE DISTRICT OF: <b>KINGSTON</b>                                                                                             |  | 2. PARISH: <b>KINGSTON</b>                          |  |
| 3. NO. <b>AA 892</b>                                                                                                                     |  | 4. Place of Birth: <b>VICTORIA JUBILEE HOSPITAL</b> |  |
| 5. Date of Birth: <b>TWENTY-FIRST JULY, 2010</b>                                                                                         |  | 6. Sex: <b>FEMALE</b>                               |  |
| 7. Name of Child: <b>see line 26</b>                                                                                                     |  |                                                     |  |
| 8. Physician or registered midwife in attendance: <b>NURSE N STUART CHANG</b>                                                            |  |                                                     |  |
| 9. Name and Surname: <b>EARL ALPHANSO BERRY ***</b><br>FATHER                                                                            |  |                                                     |  |
| 10. Age at time of birth: <b>30 YEARS</b>                                                                                                |  | 11. Occupation: <b>POLICE OFFICER</b>               |  |
| 12. Birthplace: <b>ST CATHERINE</b>                                                                                                      |  |                                                     |  |
| 13. (a) Residence: <b>34 FOSTER LANE</b><br>(b) Town/Village: <b>nil</b><br>(c) Parish: <b>KINGSTON</b>                                  |  |                                                     |  |
| 14. No. of Children previously born to mother (a) Alive: <b>2</b>                                                                        |  | (b) Still-born: <b>nil</b>                          |  |
| 15. Name and Surname: <b>SHERYL JACQUELINE LOGAN ***</b><br>Maiden Name: <b>nil</b>                                                      |  |                                                     |  |
| 16. Age at time of birth: <b>38 YEARS</b>                                                                                                |  | 17. Occupation: <b>HOMEDUTIES</b>                   |  |
| 18. Birthplace: <b>KINGSTON</b>                                                                                                          |  |                                                     |  |
| 19. Name and Surname: <b>SHERYL JACQUELINE LOGAN ***</b><br>INFORMANT(S) <b>nil</b>                                                      |  |                                                     |  |
| 20. Qualification: <b>MOTHER</b> <b>nil</b>                                                                                              |  |                                                     |  |
| 21. (a) Residence: <b>34 FOSTER LANE</b> <b>nil</b><br>(b) Town/Village: <b>nil</b> <b>nil</b><br>(c) Parish: <b>KINGSTON</b> <b>nil</b> |  |                                                     |  |
| 22. (a) Signed in my presence by said informant: <b>REGISTRAR'S CERTIFICATE</b>                                                          |  |                                                     |  |
| 23. Witness: <b>nil</b>                                                                                                                  |  |                                                     |  |
| 24. Date: <b>TWENTY-SECOND JULY, 2010</b>                                                                                                |  | Signed by Registrar                                 |  |
| Name if added after Registration of Birth                                                                                                |  |                                                     |  |
| 26. Name: <b>SHALOMI SHYLER ***</b>                                                                                                      |  |                                                     |  |
| 27. Authority: <b>CERTIFICATE OF NAMING</b>                                                                                              |  | 28. Date Added: <b>THIRD AUGUST, 2010</b>           |  |

Last line of Vital Data



Registrar General's Department

Deirdre English Gosse

Registrar General &  
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE  
OF THE RECORD OFFICIALLY REGISTERED IN THE  
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 8094143

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EMAIL ADDRESS: