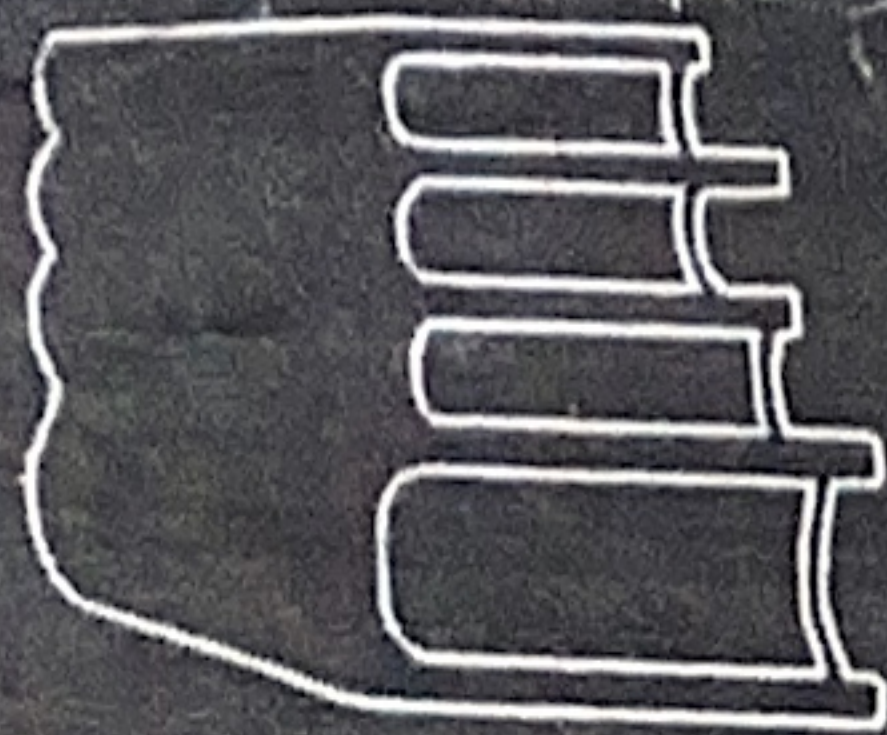




JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

19th June, 2017

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER**2. PARISH: **ST. ELIZABETH**3. NO. **KA 226**4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**5. Date of Birth: **SIXTEENTH JULY, 2011**6. Sex: **MALE**7. Name of Child: **MOLIQUE CHRISTOPHER COMRIE *****8. Physician or registered midwife in attendance: **NURSE N ROBERTS**

FATHER

9. Name and Surname: *********10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER

13. (a) Residence: **BENLOMOND**(b) Town/Village: **ABERDEEN**(c) Parish: **ST. ELIZABETH**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **NORDIA TAMAR DUNKLEY *****Maiden Name: **nil**16. Age at time of birth: **22 YEARS**17. Occupation: **HOME DUTIES**18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **NORDIA TAMAR DUNKLEY *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **BENLOMOND****nil**(b) Town/Village: **ABERDEEN****nil**(c) Parish: **ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SIXTEENTH JULY, 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



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERALRegistrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 8431967

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

