010206129945/2021

JAMAICA

Registrar General's Department

Issue Date:
26th May, 2021

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 2143** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **TENTH AUGUST, 2012** 6. Sex: **MALE**

7. Name of Child: **MCKALE CERANO** ***

8. Physician or registered midwife in attendance: **NURSE M COWAN**

FATHER

9. Name and Surname: **HERMAN NATHANIEL BECKFORD** ***

10. Age at time of birth: **48 YEARS** 11. Occupation: **ACCOUNTANT**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **RETRIEVE**

(b) Town/Village: **SANTA CRUZ** (c) Parish: **ST. ELIZABETH**

14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**

15. Name and Surname: **IKELLEN KAMEAKE WILLIAMS** ***

Maiden Name: **nil** 16. Age at time of birth: **25 YEARS**

17. Occupation: **SALES CLERK/CASHIER** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname:	**HERMAN NATHANIEL BECKFORD** ***	**IKELLEN KAMEAKE WILLIAMS** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**MIDDLESEX**	**RETRIEVE**
(b)Town/Village:	**nil**	**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: **ELEVENTH AUGUST, 2012** **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 GENERAL

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

OUT OF MANY, ONE PEOPLE

A 9619488

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE