010206389697/2022

CERTIFICATION OF VITAL RECORD

# JAMAICA

## Registrar General's Department

**Issue Date:**
**30th April, 2022**

## BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MORANT BAY** 2. PARISH: **ST. THOMAS**

3. NO. **CA 1625** 4. Place of Birth: **PRINCESS MARGARET HOSPITAL MORANT BAY**

5. Date of Birth: **SECOND SEPTEMBER, 2009** 6. Sex: **MALE**

7. Name of Child: **SAJJAUN CECIL MAURICE** ***

8. Physician or registered midwife in attendance: **NURSE K EDMAN**

FATHER

9. Name and Surname: **CECIL FARQUHARSON** ***

10. Age at time of birth: **25 YEARS** 11. Occupation: **CARPENTER**

12. Birthplace: **ST THOMAS**

MOTHER

13. (a) Residence: **46 DUMFRIES CRESCENT**

(b) Town/Village: **MORANT BAY** (c) Parish: **ST. THOMAS**

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

15. Name and Surname: **GEY-SHARIE PASSLEY** ***

Maiden Name: **nil**

16. Age at time of birth: **18 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **ST THOMAS**

INFORMANT(S)

19. Name and Surname: **CECIL FARQUHARSON** *** **GEY-SHARIE PASSLEY** ***

20. Qualification: **FATHER** **MOTHER**

21. (a) Residence: **46 DUMFRIES CRESCENT** **46 DUMFRIES CRESCENT**

(b)Town/Village: **MORANT BAY** **MORANT BAY**

(c) Parish: **ST. THOMAS** **ST. THOMAS**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SECOND SEPTEMBER, 2009** **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*

We aim to satisfy

Charlton D. J. McFarlane
Registrar General &

OUT OF MANY, ONE PEOPLE