

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
17th November, 2014

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**
 3. NO. **AA 2462** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
 5. Date of Birth: **TWELFTH NOVEMBER, 2011** 6. Sex: **FEMALE**
 7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE S McEWAN**9. Name and Surname: **FATHER**10. Age at time of birth: **nil** 11. Occupation: **nil**12. Birthplace: **nil**13. (a) Residence: **4 GREENWICH STREET** **MOTHER**(b) Town/Village: **KINGSTON 14**(c) Parish: **KINGSTON**14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**15. Name and Surname: **ROSEMARIE DISTON *****Maiden Name: **nil**16. Age at time of birth: **30 YEARS**17. Occupation: **HOME DUTIES**18. Birthplace: **KINGSTON**19. Name and Surname: **ROSEMARIE DISTON ***** **INFORMANT(S)**20. Qualification: **MOTHER** **nil**21. (a) Residence: **4 GREENWICH STREET** **nil**(b) Town/Village: **KINGSTON 14** **nil**(c) Parish: **KINGSTON** **nil**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **THIRTEENTH NOVEMBER, 2011**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **SHEMILLE LEONA RANDI-LEE LEWIS *****27. Authority: **CERTIFICATE OF NAMING**28. Date Added: **THIRTEENTH NOVEMBER, 2011**

Last line of Vital Data

Deirdre English Gosse
 Deirdre English Gosse

Registrar General &
 Deputy Keeper of the Records

