# JAMAICA

## Registrar General's Department

**Issue Date:**
**15th November, 2021**

## BIRTH REGISTRATION FORM

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

3. NO. **IA 2602** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **THIRTEENTH APRIL, 2010** 6. Sex: **MALE**

7. Name of Child: **ANDRE MARSHALL** ***

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

FATHER

9. Name and Surname: **KEITH DONALD MITCHELL** ***

10. Age at time of birth: **50 YEARS** 11. Occupation: **CASUAL WORKER**

12. Birthplace: **MANCHESTER**

MOTHER

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

(b) Town/Village: **NEWPORT** (c) Parish: **MANCHESTER**

14. No. of Children previously born to mother (a) Alive: **7** (b) Still-born: **nil**

15. Name and Surname: **ANDREA MICHELLE DAVEY** ***

Maiden Name: **nil** 16. Age at time of birth: **36 YEARS**

17. Occupation: **DOMESTIC** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

| | | |
|---|---|---|
| 19. Name and Surname: | **KEITH DONALD MITCHELL** *** | **ANDREA MICHELLE DAVEY** *** |
| 20. Qualification: | **FATHER** | **MOTHER** |
| 21. (a) Residence: | **NEWFIELD** | **NEWFIELD** |
| (b)Town/Village: | **NEWPORT** | **NEWPORT** |
| (c) Parish: | **MANCHESTER** | **MANCHESTER** |

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRTEENTH APRIL, 2010** **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*

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

A 9766778

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE