



Registrar General's Department

Issue Date:**18th May, 2023**

BIRTH REGISTRATION FORM

1. Birth in the district of: **SPANISH TOWN** 2. Parish: **ST. CATHERINE**
3. No. **EA 3865** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**
5. Date of Birth: **FOURTEENTH JUNE, 2012** 6. Sex: **FEMALE**
7. Name of Child: **MICKALA YASHAWNA *****

8. Physician or registered midwife in attendance: **NURSE V M JOHNSON**9. Name and Surname: **MICHAEL FABIAN BROWN PUSEY *******FATHER**10. Age at time of birth: **19 YEARS**11. Occupation: **PAINTER**12. Birthplace: **ST ANDREW****MOTHER**13. (a) Residence: **BAMBOO CORNER**(b) Town/Village: **GLENGOFFE**(c) Parish: **ST. CATHERINE**14. No. of Children previously born to mother (a) Alive: **1**(b) Still-born: **nil**15. Name and Surname: **YANIQUE TRACY-ANN BROWN *****Maiden Name: **nil**16. Age at time of birth: **19 YEARS**17. Occupation: **HOME DUTIES**18. Birthplace: **ST CATHERINE****INFORMANT(S)**19. Name and Surname: **YANIQUE TRACY-ANN BROWN *******MICHAEL FABIAN BROWN PUSEY *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **BAMBOO CORNER****ROCK HALL**(b) Town/Village: **GLENGOFFE****nil**(c) Parish: **ST. CATHERINE****ST. ANDREW****REGISTRAR'S CERTIFICATE**

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

23. Witness: **nil**24. Date: **FIFTEENTH JUNE, 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**Charlton D. J. McFarlane*

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the RecordsTHIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL