



JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

8th July, 2021

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**2. PARISH: **ST. JAMES**3. NO. **NZ 9302**4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**5. Date of Birth: **THIRTY-FIRST JULY, 2009**6. Sex: **MALE**7. Name of Child: **RICHARD JUNIOR *****8. Physician or registered midwife in attendance: **DOCTOR W HARVEY**

FATHER

9. Name and Surname: **RICHARD ANTHONY ORR *****10. Age at time of birth: **28 YEARS**11. Occupation: **DRIVER**12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **2ND STREET ALBION**(b) Town/Village: **MONTEGO BAY**(c) Parish: **ST. JAMES**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **ADELITA FANCITA CAMERON *****Maiden Name: **nil**16. Age at time of birth: **23 YEARS**17. Occupation: **CRAFT TRADER**18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **RICHARD ANTHONY ORR *******ADELITA FANCITA CAMERON *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **CLARKE STREET****2ND STREET ALBION**(b) Town/Village: **MOUNT SALEM****MONTEGO BAY**(c) Parish: **ST. JAMES****ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **THIRTY-FIRST JULY, 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



CLM

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the Records