

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

10th March, 2020

1. BIRTH IN THE DISTRICT OF: **KINGSTON**2. PARISH: **KINGSTON**3. NO. **AA 1700**4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**5. Date of Birth: **FOURTEENTH OCTOBER, 2011**6. Sex: **FEMALE**7. Name of Child: **KELLISA MYKAYLA COLE *****8. Physician or registered midwife in attendance: **DR McDONALD**

FATHER

9. Name and Surname: *********10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER

13. (a) Residence: **1 TUNA AVENUE**(b) Town/Village: **KINGSTON 17**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **KEREME JOHANN McLEAN *****Maiden Name: **nil**16. Age at time of birth: **19 YEARS**17. Occupation: **HOME DUTIES**18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **KEREME JOHANN McLEAN *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **1 TUNA AVENUE****nil**(b) Town/Village: **KINGSTON 17****nil**(c) Parish: **ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **FIFTEENTH OCTOBER, 2011**

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



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE