

Iona High School
Tower Isle
St. Mary

10202965054/2009

JAMAICA
*Registrar General's
Department*
BIRTH REGISTRATION FORM

Issue Date:
14th June, 2009

1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY** 2. PARISH: **ST. ANN**

3. NO. **GA 6220**

4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**

5. Date of Birth: **TWENTY-SEVENTH FEBRUARY, 2009**

6. Sex: **FEMALE**

7. Name of Child: **TYLER-RAE MADDISON WALTERS *****

Second born of Twins

8. Physician or registered midwife in attendance: **NURSE OCCONNOR-WRAY**

9. Name and Surname: **FATHER**

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **BAMBOO WALK**

(b) Town/Village: **RETREAT**

(c) Parish: **ST. MARY**

14. No. of Children previously born to mother (a) Alive: **1**

(b) Still-born: **nil**

15. Name and Surname: **KEMISHA ELESIA THOMAS *****

Maiden Name: **nil**

16. Age at time of birth: **17 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST MARY**

INFORMANT(S)

19. Name and Surname: **KEMISHA ELESIA THOMAS *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **BAMBOO WALK**

nil

(b) Town/Village: **RETREAT**

nil

(c) Parish: **ST. MARY**

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-EIGHTH FEBRUARY, 2009**

Signed by Registrar

Name of addressee after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data

First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.

Initiative of GOJ - August 17, 2006



Patricia P. Holness

