

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
15th July, 2015

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
 3. NO. **NZ 9065** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
 5. Date of Birth: **TENTH JULY, 2009** 6. Sex: **FEMALE**
 7. Name of Child: **KYMOYA LAVONIE *****

8. Physician or registered midwife in attendance: **NURSE S ALLEN**
 FATHER

9. Name and Surname: **JEROME MORRIS CAMPBELL *****
 10. Age at time of birth: **22 YEARS** 11. Occupation: **CHEF**

12. Birthplace: **WESTMORELAND**
 MOTHER

13. (a) Residence: **LOT 1488 BOGUE HEIGHTS DRIVE**
 (b) Town/Village: **BOGUE VILLAGE** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **LAVONE JORDENE JOHNSON *****
 Maiden Name: **POWELL *****

16. Age at time of birth: **32 YEARS**

17. Occupation: **COSMETOLOGIST** 18. Birthplace: **HANOVER**
 INFORMANT(S)

19. Name and Surname: **JEROME MORRIS CAMPBELL ***** **LAVONE JORDENE JOHNSON *****

20. Qualification: **FATHER** **MOTHER**

21. (a) Residence: **LLANDILO PHASE 1** **LOT 1488 BOGUE HEIGHTS DRIVE**

(b) Town/Village: **SAVANNA LA MAR** **BOGUE VILLAGE**

(c) Parish: **WESTMORELAND** **ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TENTH JULY, 2009**

Signed by Registrar

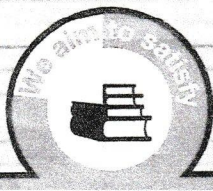
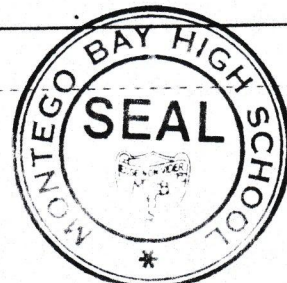
Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data



Deirdre

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

