Registrar General's Department

Issue Date:
27th January, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO. **KA 473** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **NINETEENTH SEPTEMBER, 2011** 6. Sex: **MALE**

7. Name of Child: **VICTOR WILBERT** ***

8. Physician or registered midwife in attendance: **NURSE B LEDGISTER**

FATHER

9. Name and Surname: **VICTOR WILBERT LEWIS** ***

10. Age at time of birth: **55 YEARS** 11. Occupation: **CASUAL WORKER**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **BROOKLYN**

(b) Town/Village: **MOUNTAINSIDE** (c) Parish: **ST. ELIZABETH**

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

15. Name and Surname: **SONIA ELIZABETH DENNIS** ***

Maiden Name: **nil** 16. Age at time of birth: **43 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname:	**SONIA ELIZABETH DENNIS** ***	**VICTOR WILBERT LEWIS** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**BROOKLYN**	**RIDGE PEN**
(b)Town/Village:	**MOUNTAINSIDE**	**MOUNTAINSIDE**
(c) Parish:	**ST. ELIZABETH**	**ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINETEENTH SEPTEMBER, 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

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

Initiative of GOJ - August 17, 2006

We aim to satisfy

Registrar General's Department

for Yvette Scott

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 6200279

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE