



JAMAICA

Registrar General's
DepartmentIssue Date:
2nd December, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN** 2. PARISH: **ST. CATHERINE**
3. NO. **EA 1604** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**
5. Date of Birth: **FIFTH APRIL, 2010** 6. Sex: **MALE**
7. Name of Child: **KHAVARI ROLANDO KAVOY THOMAS *****

8. Physician or registered midwife in attendance: **NURSE C BRYAN**9. Name and Surname: ********* FATHER10. Age at time of birth: **nil** 11. Occupation: **nil**12. Birthplace: **nil** MOTHER13. (a) Residence: **BYLES**(b) Town/Village: **KITSON TOWN**(c) Parish: **ST. CATHERINE**14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**15. Name and Surname: **KARESHA KAY-MARIE WILLIAMS *****Maiden Name: **nil**16. Age at time of birth: **19 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **KARESHA KAY-MARIE WILLIAMS ***** **nil**20. Qualification: **MOTHER** **nil**21. (a) Residence: **BYLES** **nil**(b) Town/Village: **KITSON TOWN** **nil**(c) Parish: **ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SIXTH APRIL, 2010**

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



for

Yvette ScottRegistrar General &
Deputy Keeper of the Records

Registrar General's Department

THIS 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