010207200669/2025

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
10th April, 2025

1. Birth in the district of: **MOUNT SALEM**
2. Parish: **ST. JAMES**
3. No. **NZ 2457**
4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **FIRST AUGUST, 2012**
6. Sex: **MALE**
7. Name of Child: **KASKJMAR LENROY** ***
8. Physician or registered midwife in attendance: **NURSE M FULLER**

FATHER

9. Name and Surname: **CASLEY ANTHONY CLARKE** ***
10. Age at time of birth: **22 YEARS**
11. Occupation: **SHOPKEEPER**
12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **LOT 104 ROSEMOUNT**
    (b) Town/Village: **MONTEGO BAY**
    (c) Parish: **ST. JAMES**
14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**
15. Name and Surname: **JANEIKA YANIQUE SIMPSON** ***
    Maiden Name: **nil**
16. Age at time of birth: **18 YEARS**
17. Occupation: **HOME DUTIES**
18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **CASLEY ANTHONY CLARKE** *** / **JANEIKA YANIQUE SIMPSON** ***
20. Qualification: **FATHER** / **MOTHER**
21. (a) Residence: **SUNDERLAND** / **LOT 104 ROSEMOUNT**
    (b)Town/Village: **LOTTERY** / **MONTEGO BAY**
    (c) Parish: **ST. JAMES** / **ST. JAMES**

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: **nil**
24. Date: **FIRST AUGUST, 2012**

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

Desmond Davis (Act.)

Registrar General &
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL