JAMAICA

Registrar General's Department

Date:
anuary, 2020

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 9553** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **SEVENTEENTH NOVEMBER, 2011** 6. Sex: **FEMALE**

7. Name of Child: **ARIANNA ZAMALIA** ***

8. Physician or registered midwife in attendance: **NURSE O HAYNES**

FATHER

9. Name and Surname: **FITZROY KIPLING LEWIS** ***

10. Age at time of birth: **30 YEARS** 11. Occupation: **MASON**

12. Birthplace: **TRELAWNY**

MOTHER

13. (a) Residence: **BARRETT TOWN**

(b) Town/Village: **LITTLE RIVER** (c) Parish: **ST. JAMES**

14. No. of Children previously born to mother (a) Alive: **6** (b) Still-born: **nil**

15. Name and Surname: **SHARON BRISSETT** *** 16. Age at time of birth: **37 YEARS**

Maiden Name: **nil**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname: **FITZROY KIPLING LEWIS** *** **SHARON BRISSETT** ***

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

21. (a) Residence: **LONG BAY** **BARRETT TOWN**

(b)Town/Village: **LITTLE RIVER** **LITTLE RIVER**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTEENTH NOVEMBER, 2011** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil** 28. Date Added: **NIL**

27. Authority: **nil**

Last line of Vital Data

J. Davis

Davis (Actg.)

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OUT OF MANY, ONE PEOPLE