J. Hinds
Return given
Orginal

Registrar General's Department

Issue Da. .
28th November, 2017

BIRTH REGISTRATION FORM

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

3. NO. **NZ 692** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FOURTEENTH FEBRUARY, 2012** 6. Sex: **FEMALE**

7. Name of Child: **TAMEKA TAMARA** ***

8. Physician or registered midwife in attendance: **NURSE L BALL**

FATHER

9. Name and Surname: **JERMAINE GARFIELD GORDON** ***

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

12. Birthplace: **PORTLAND**

MOTHER

13. (a) Residence: **BOGUE HILL**

(b) Town/Village: **GORDONS CROSSING** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **CRISAN WHITE** ***

Maiden Name: **nil** 16. Age at time of birth: **22 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**JERMAINE GARFIELD GORDON** ***	**CRISAN WHITE** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**BOGUE HILL**	**BOGUE HILL**
(b)Town/Village:	**GORDONS CROSSING**	**GORDONS CROSSING**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTEENTH FEBRUARY, 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

We aim to satisfy
Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING EMBOSSED SEALS AND SIGNATURE OF REGISTRAR GENERAL

Deirdre English Gosse
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 8584663

OUT OF MANY, ONE PEOPLE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE