

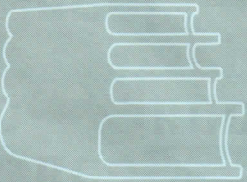
JAMAICA

Registrar General's  
Department

Issue Date:

17th March, 2020

## BIRTH REGISTRATION FORM



1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN** 2. PARISH: **ST. CATHERINE**  
3. NO. **EA 2678** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**  
5. Date of Birth: **TENTH NOVEMBER, 2008** 6. Sex: **MALE**  
7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE K RILEY**9. Name and Surname: **SHEMAR ONIEL HARRIS \*\*\*** FATHER10. Age at time of birth: **17 YEARS** 11. Occupation: **NIL**12. Birthplace: **ST CATHERINE**13. (a) Residence: **LIME WALK** MOTHER(b) Town/Village: **BOG WALK**(c) Parish: **ST. CATHERINE**14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**15. Name and Surname: **JODY-ANN ABEGALE LEWIS \*\*\***Maiden Name: **nil**16. Age at time of birth: **13 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **JODY-ANN ABEGALE LEWIS \*\*\*****SHEMAR ONIEL HARRIS \*\*\***20. Qualification: **MOTHER****FATHER**21. (a) Residence: **LIME WALK****CRAWL**(b) Town/Village: **BOG WALK****RIVERSDALE**(c) Parish: **ST. CATHERINE****ST. CATHERINE**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TENTH NOVEMBER, 2008**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **JAYVEN SHAMARI \*\*\***27. Authority: **CERTIFICATE OF NAMING**28. Date Added: **FIRST DECEMBER, 2008**

Last line of Vital Data



Registrar General's Department

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

Charlton D. J. McFarlane

Registrar General &  
Deputy Keeper of the RecordsTHIS 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