0102065020442022

JAMAICA

Registrar General's Department

Issue Date:
3rd August, 2022

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**

3. NO. **BY 502** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

5. Date of Birth: **NINETEENTH MARCH, 2008** 6. Sex: **MALE**

7. Name of Child: **KYRIAN OMARIO** ***

8. Physician or registered midwife in attendance: **STAFF MIDWIFE T TYRELL**

FATHER

9. Name and Surname: **WINSTON IGNATIUS LYEW** ***

10. Age at time of birth: **42 YEARS** 11. Occupation: **BUSINESSMAN**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **164 MAHAGONY WAY**

(b) Town/Village: **GREGORY PARK** (c) Parish: **ST. CATHERINE**

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

15. Name and Surname: **SHANA ANNMARIE GREEN** ***

Maiden Name: **nil** 16. Age at time of birth: **19 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**SHANA ANNMARIE GREEN** ***	**WINSTON IGNATIUS LYEW** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**164 MAHAGONY WAY**	**3 CONWAY DRIVE**
(b)Town/Village:	**GREGORY PARK**	**KINGSTON 20**
(c) Parish:	**ST. CATHERINE**	**ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINETEENTH MARCH, 2008** **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

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

OUT OF MANY ONE PEOPLE