

Date: February, 2009

Registrar General's
Department
BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 174** 4. Place of birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **TWENTIETH MAY, 2007** 6. Sex: **FEMALE**
7. Name of Child: **JODIAN ALICIA MARTIN *****

8. Physician or registered midwife in attendance: **NURSE C BUCKNOR**

9. Name and Surname: *********

FATHER

10. Age at time of birth: **nil**

11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **FLANKERS**

(b) Town/Village: **MONTEGO BAY**

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

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

(b) Still-born: **1**

15. Name and Surname: **TAMARA SENEK GORDON *****

16. Age at time of birth: **17 YEARS**

Maiden Name: **nil**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **TAMARA SENEK GORDON *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **FLANKERS**

nil

(b) Town/Village: **MONTEGO BAY**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST MAY, 2007**

Signed by Registrar

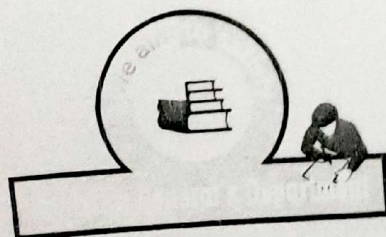
Name if added after Registration of Birth

26. Name: **nil**

28. Date Added: **NIL**

27. Authority: **nil**

Last line of Vital Data

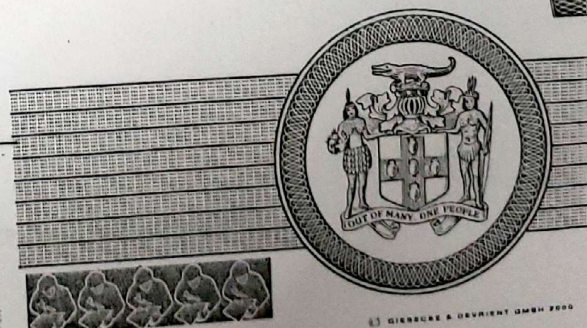


Patricia P. Holness
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Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 4759213



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE