

Issue Date:
30th May, 2013

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM



1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 4948** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **FOURTH FEBRUARY, 2013** 6. Sex: **FEMALE**
7. Name of Child: **ABRIANNA ABIGAIL *****

8. Physician or registered midwife in attendance: **NURSE S ALLEN**

FATHER

9. Name and Surname: **FABIAN TRAVIS CAMPBELL *****

10. Age at time of birth: **29 YEARS**

11. Occupation: **TRAINED TEACHER**

12. Birthplace: **HANOVER**

MOTHER

13. (a) Residence: **SHERWOOD CONTENT**

(b) Town/Village: **nil**

(c) Parish: **TRELAWNY**

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

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

15. Name and Surname: **NATASHA STACEY-ANN JOHNSON *****

Maiden Name: **nil**

16. Age at time of birth: **30 YEARS**

17. Occupation: **EMERGENCY MEDICAL TECHNICIAN**

18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname: **FABIAN TRAVIS CAMPBELL *****

NATASHA STACEY-ANN JOHNSON ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **BLACK GATE**

SHERWOOD CONTENT

(b) Town/Village: **HOPEWELL**

nil

(c) Parish: **HANOVER**

TRELAWNY

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTH FEBRUARY, 2013**

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

First Free Copy for children born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006



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



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE