

Issue Date:  
23rd November, 2011

*Registrar General's  
Department*  
**BIRTH REGISTRATION FORM**

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**

2. PARISH: **ST. JAMES**

3. NO. **NZ 5875**

4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **THIRD JANUARY, 2011**

6. Sex: **MALE**

7. Name of Child: **JUSTIN REYNALDO \*\*\***

8. Physician or registered midwife in attendance: **DOCTOR C DALEY**

FATHER

9. Name and Surname: **TROY ANTHONY MORRIS \*\*\***

10. Age at time of birth: **33 YEARS**

11. Occupation: **TAXI OPERATOR**

12. Birthplace: **ST JAMES**

MOTHER

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

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

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

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

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

15. Name and Surname: **ANNA-KAY SHERIKA WILLIAMS \*\*\***

Maiden Name: **nil**

16. Age at time of birth: **20 YEARS**

17. Occupation: **HAIRDRESSER**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **TROY ANTHONY MORRIS \*\*\***

**ANNA-KAY SHERIKA WILLIAMS \*\*\***

20. Qualification: **FATHER**

**MOTHER**

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

**TUCKER**

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

**MONTEGO BAY**

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

**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FOURTH JANUARY, 2011**

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



**Registrar General's Department**

for

*Yvette Scott*  
Yvette Scott

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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A 6098349

ANY ALTERATION OR FRAUDULENT VOIDING THIS CERTIFICATE