

Issue Date:
27th August, 2015

Registrar General's Department

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 4176** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **FOURTH SEPTEMBER, 2010** 6. Sex: **FEMALE**
7. Name of Child: **MISHAE AMARA *****

8. Physician or registered midwife in attendance: **NURSE Y PETERKIN-BIGBY**

9. Name and Surname: **MARLON ANDRE WALTERS ***** FATHER

10. Age at time of birth: **24 YEARS** 11. Occupation: **LABOURER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **GRANVILLE DRIVE**

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

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

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

15. Name and Surname: **TAMARA ATTALIA BROWN *****

Maiden Name: **nil**

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

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **TAMARA ATTALIA BROWN *****

MARLON ANDRE WALTERS ***

20. Qualification: **MOTHER**

FATHER

21. (a) Residence: **GRANVILLE DRIVE**

PITFOUR

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

GRANVILLE

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

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FOURTH SEPTEMBER, 2010**

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

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