JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
23rd June, 2009

1. BIRTH IN THE DISTRICT OF: **FALMOUTH** 2. PARISH: **TRELAWNY**

3. NO. **OA 3663** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL FALMOUTH**

5. Date of Birth: **EIGHTEENTH FEBRUARY, 2009** 6. Sex: **MALE**

7. Name of Child: **ANTHONY LENARDO HOWLETT *****

8. Physician or registered midwife in attendance: **NURSE J BROWN**

FATHER

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

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **ULSTER SPRING**

(b) Town/Village: **nil** (c) Parish: **TRELAWNY**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **ANITA ALECIA LEWIS *****

Maiden Name: **nil** 16. Age at time of birth: **26 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**ANITA ALECIA LEWIS *** **	**nil**
20. Qualification:	**MOTHER**	**nil**
21. (a) Residence:	**ULSTER SPRING**	**nil**
(b)Town/Village:	**nil**	**nil**
(c) Parish:	**TRELAWNY**	**UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTEENTH FEBRUARY, 2009** **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 bor
as of January 1, 2007 and registere
with a name at birth.
Initiative of GOJ - August 17, 2006

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

We aim to satisfy