

Issue Date:
17th February, 2012

Department BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**
2. PARISH: **ST. JAMES**
3. NO. **NZ 8462**
4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **SECOND SEPTEMBER, 2011**
6. Sex: **MALE**
7. Name of Child: **GIOVANNI ROMARIO *****
8. Physician or registered midwife in attendance: **NURSE A THOMPSON**
9. Name and Surname: **DEVON ANTHONY CLARKE ***** FATHER
10. Age at time of birth: **29 YEARS**
11. Occupation: **TOUR OPERATOR**
12. Birthplace: **ST JAMES**
13. (a) Residence: **KENSINGTON** MOTHER
(b) Town/Village: **WELCOME HALL**
14. No. of Children previously born to mother (a) Alive: **4** (c) Parish: **ST. JAMES**
15. Name and Surname: **SHELANA ISABELLE GARDNER ***** (b) Still-born: **nil**
Maiden Name: **nil**
16. Age at time of birth: **24 YEARS**
17. Occupation: **HOMEDUTIES**
18. Birthplace: **ST JAMES**
19. Name and Surname: **DEVON ANTHONY CLARKE ***** (b) Still-born: **nil**
20. Qualification: **FATHER** (c) Parish: **ST. JAMES**
21. (a) Residence: **KENSINGTON** MOTHER
(b) Town/Village: **WELCOME HALL** KENSINGTON
(c) Parish: **ST. JAMES** WELCOME HALL
22. (a) Signed in my presence by said informant: **REGISTRAR'S CERTIFICATE**
23. Witness: **nil**
24. Date: **SECOND SEPTEMBER, 2011**
Signed by Registrar
25. Name: **nil** Name if added after Registration of Birth
26. Authority: **nil**
27. 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



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



A 6230855

STAMP OR ERASURE VOIDS THIS