JAMAICA

Registrar General's Department

Issue Date:
21st September, 2020

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SAVANNA-LA-MAR** 2. PARISH: **WESTMORELAND**

3. NO. **LA 2862** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SAVANNA-LA-MAR**

5. Date of Birth: **TWENTY-SECOND DECEMBER, 2012** 6. Sex: **MALE**

7. Name of Child: **JAHSHENE HOSHANE** ***

8. Physician or registered midwife in attendance: **NURSE E PRENDERGAST**

FATHER

9. Name and Surname: **HOSHENE NICKHOLAS DICKSON** ***

10. Age at time of birth: **20 YEARS** 11. Occupation: **NIL**

12. Birthplace: **HANOVER**

MOTHER

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

(b) Town/Village: **GRANGE HILL** (c) Parish: **WESTMORELAND**

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

15. Name and Surname: **JANIEL CECELIA JONES** ***

Maiden Name: **nil** 16. Age at time of birth: **14 YEARS**

17. Occupation: **NIL** 18. Birthplace: **WESTMORELAND**

INFORMANT(S)

19. Name and Surname:	**HOSHENE NICKHOLAS DICKSON** ***	**JANIEL CECELIA JONES** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**CROWDER**	**CROWDER**
(b)Town/Village:	**GRANGE HILL**	**GRANGE HILL**
(c) Parish:	**WESTMORELAND**	**WESTMORELAND**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-THIRD DECEMBER, 2012** **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

We aim to satisfy

Charlton D. J. McFarlane

Registrar General &

Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE