

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
2nd August, 2019

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**
3. NO. **BY 6250** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**
5. Date of Birth: **SECOND SEPTEMBER, 2010** 6. Sex: **FEMALE**
7. Name of Child: **ANNALIESE NEVAEH *****

8. Physician or registered midwife in attendance: **DRS S MITCHELL AND T DAVIS**

9. Name and Surname: **ARNALDO ALFANSO BROWN ***** FATHER

10. Age at time of birth: **36 YEARS** 11. Occupation: **ATTORNEY-AT-LAW**

12. Birthplace: **ST THOMAS**

MOTHER

13. (a) Residence: **36 MOUNTAIN PRIDE BOULEVARD**

(b) Town/Village: **LONG MOUNTAIN COUNTRY CLUB KINGSTON 6**

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

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **SHARON DIONE BROWN *****

Maiden Name: **BLAIR *****

16. Age at time of birth: **38 YEARS**

17. Occupation: **ATTORNEY-AT-LAW**

18. Birthplace: **UNITED STATES OF AMERICA**

INFORMANT(S)

19. Name and Surname: **SHARON DIONE BROWN ***** nil

20. Qualification: **MOTHER** nil

21. (a) Residence: **36 MOUNTAIN PRIDE BOULEVARD** nil

(b) Town/Village: **LONG MOUNTAIN COUNTRY CLUB KINGSTON 6** nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRD 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

Desmond Davis

Desmond Davis (Actg.)

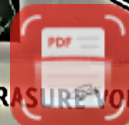
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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