

010905271300/2017

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Date:

October, 2017

1 BIRTH IN THE DISTRICT OF: MAY PEN

2 PARISH: CLARENDON

3 NO. HA 3089

4 Place of Birth: PUBLIC GENERAL HOSPITAL MAY PEN

5 Date of Birth: TWENTIETH OCTOBER, 2012

6 Sex: FEMALE

7 Name of Child: LAQUECIA JACKEISHA BENNETT ***

8 Physician or registered midwife in attendance: NURSE N WATSON

FATHER

9 Name and Surname: HUBERT ALEXANDER HALL ***

10 Age at time of birth: 34 YEARS

11 Occupation: TEACHER

12 Birthplace: CLARENDON

MOTHER

13 (a) Residence: THOMPSON TOWN

(b) Town/Village: nil

(c) Parish: CLARENDON

14 No. of Children previously born to mother (a) Alive 2

(b) Still-born: nil

15 Name and Surname: TRACY-ANNE ANGELICA HENNINGHAM ***

Maiden Name: nil

16 Age at time of birth: 27 YEARS

17 Occupation: HOME DUTIES

18 Birthplace: CLARENDON

INFORMANT(S)

19 Name and Surname: TRACY-ANNE ANGELICA HENNINGHAM ***

nil

20 Qualification: MOTHER

nil

21 (a) Residence: THOMPSON TOWN

nil

(b) Town/Village: nil

nil

(c) Parish: CLARENDON

REGISTRAR'S CERTIFICATE

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

23 Witness: nil

24 Date: TWENTY-FIRST OCTOBER, 2012

Signed by Registrar

Name if added after Registration of Birth

25 Name: nil

27 Authority: nil

28 Date Added: NIL

***** AMENDMENTS *****

1. LINES 9-12 ADDED on Eleventh October, 2017

Last line of Vital Data



Registrar General's Department

Deirdre English Gosse
Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

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A 8538771

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
12th October, 2017

1. BIRTH IN THE DISTRICT OF MAY PEN		2. PARISH: CLARENDON
3. NO. HA 3089	4. Place of Birth: PUBLIC GENERAL HOSPITAL MAY PEN	
5. Date of Birth: TWENTIETH OCTOBER, 2012	6. Sex: FEMALE	
7. Name of Child: LAQUECIA JACKEISHA BENNETT ***		
8. Physician or registered midwife in attendance: NURSE N WATSON		
9. Name and Surname: HUBERT ALEXANDER HALL ***		
10. Age at time of birth: 34 YEARS		
11. Occupation: TEACHER		
12. Birthplace: CLARENDON		
13. (a) Residence: THOMPSON TOWN		
(b) Town/Village: nil		
(c) Parish: CLARENDON		
14. No. of Children previously born to mother (a) Alive: 2		
(b) Still-born: nil		
15. Name and Surname: TRACY-ANNE ANGELICA HENNINGHAM ***		
Maiden Name: nil		
16. Age at time of birth: 27 YEARS		
17. Occupation: HOME DUTIES		
18. Birthplace: CLARENDON		
INFORMANT(S)		
19. Name and Surname: TRACY-ANNE ANGELICA HENNINGHAM ***		
20. Qualification: MOTHER		
21. (a) Residence: THOMPSON TOWN		
(b) Town/Village: nil		
(c) Parish: CLARENDON		

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIRST OCTOBER, 2012**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

***** AMENDMENTS *****

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Last line of Vital Data



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