

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

18th June, 2009

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER**2. PARISH: **ST. ELIZABETH**3. NO. **KA 6789**4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**5. Date of Birth: **FOURTEENTH JANUARY, 2009**6. Sex: **FEMALE**7. Name of Child: **SONYA NATALIA *******Second born of Twins**8. Physician or registered midwife in attendance: **DOCTOR J MALCOLM**

FATHER

9. Name and Surname: **CLAYTON MICKLAS GAYLE *****10. Age at time of birth: **32 YEARS**11. Occupation: **FARMER**12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **SHORT HILL**(b) Town/Village: **WATCHWELL**(c) Parish: **ST. ELIZABETH**14. No. of Children previously born to mother (a) Alive: **3**(b) Still-born: **nil**15. Name and Surname: **DAISY IREAN WEST *****Maiden Name: **nil**16. Age at time of birth: **26 YEARS**17. Occupation: **FARMER**18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **DAISY IREAN WEST *******CLAYTON MICKLAS GAYLE *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **SHORT HILL****SHORT HILL**(b) Town/Village: **WATCHWELL****WATCHWELL**(c) Parish: **ST. ELIZABETH****ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

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

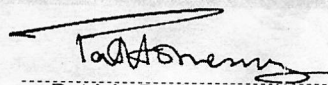
23. Witness: **nil**24. Date: **FIFTEENTH JANUARY, 2009**

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 born
as of January 1, 2007 and registered
with a name at birth.**Initiative of GOJ - August 17, 2006**

 Patricia P. Holness
Registrar General &
Deputy Keeper of the Records