

Issue Date:
15th September, 2015

Department BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**
3. NO.: **14 58774** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**
5. Date of Birth: **FIFTH JANUARY, 2012** 6. Sex: **MALE**
7. Name of Child: **TEVAUGHN ALEX SMITH *****

8. Physician or registered midwife in attendance: **NURSE M COWAN**
9. Name and Surname: **FATHER**
10. Age at time of birth: **nil** 11. Occupation: **nil**
12. Birthplace: **nil**

MOTHER
13. (a) Residence: **KINOWL**
(b) Town/Village: **MALVERN** (c) Parish: **ST. ELIZABETH**
14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**
15. Name and Surname: **SHEREE ARLENE BLAKE *****
Maiden Name: **nil** 16. Age at time of birth: **24 YEARS**
17. Occupation: **PRACTICAL NURSE** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)
19. Name and Surname: **SHEREE ARLENE BLAKE ***** **nil**
20. Qualification: **MOTHER** **nil**
21. (a) Residence: **KINOWL** **nil**
(b) Town/Village: **MALVERN** **nil**
(c) Parish: **ST. ELIZABETH**

REGISTRAR'S CERTIFICATE
22. (a) Signed in my presence by said informant

23. Witness: **nil**

24. Date: **FIFTH JANUARY, 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

Certify this to be a true copy of the document
shown and reported to me as the original

Date: **6/4/2022**

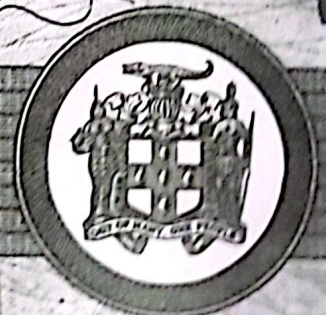
KARA Y. SAMUELS #100421
Justice of the Peace, St. Elizabeth



Registrar General's Department

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



A 9157454

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE