

JAMAICA

*Registrar General's
Department*

BIRTH REGISTRATION FORM

Issue Date:

4th January, 2017

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**2. PARISH: **ST. JAMES**3. NO. **NZ 1561**4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**5. Date of Birth: **TENTH MAY, 2012**6. Sex: **FEMALE**7. Name of Child: **ADRIANNA PAIGE *****8. Physician or registered midwife in attendance: **NURSE M FULLER**

FATHER

9. Name and Surname: **BALTAN GEORGE CAMMOCK *****10. Age at time of birth: **38 YEARS**11. Occupation: **CARVER**12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **BARRETT TOWN**(b) Town/Village: **LITTLE RIVER**(c) Parish: **ST. JAMES**14. No. of Children previously born to mother (a) Alive: **1**(b) Still-born: **nil**15. Name and Surname: **NATOYA SHERNETTE CAMPBELL *****Maiden Name: **nil**16. Age at time of birth: **22 YEARS**17. Occupation: **CASHIER**18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname: **NATOYA SHERNETTE CAMPBELL *******BALTAN GEORGE CAMMOCK *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **BARRETT TOWN****BARRETT TOWN**(b) Town/Village: **LITTLE RIVER****LITTLE RIVER**(c) Parish: **ST. JAMES****ST. JAMES**

REGISTRAR'S CERTIFICATE

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

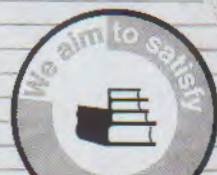
23. Witness: **nil**24. Date: **ELEVENTH MAY, 2012**

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



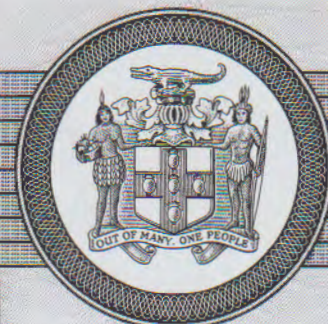
Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

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



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE