

JAMAICA

Registrar General's
DepartmentIssue Date:
6th December, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: SPALDINGS		2. PARISH: MANCHESTER	
3. NO. IAH 5647		4. Place of Birth: PUBLIC GENERAL HOSPITAL SPALDINGS	
5. Date of Birth: TWENTY-FIRST FEBRUARY, 2010		6. Sex: FEMALE	
7. Name of Child: LILLIAN NACKALIA EDWARDS ***			
8. Physician or registered midwife in attendance: NURSE V BAILEY-HINDS			
FATHER			
9. Name and Surname:			
10. Age at time of birth: nil		11. Occupation: nil	
12. Birthplace: nil			
MOTHER			
13. (a) Residence: BECKFORD		(c) Parish: CLARENDON	
(b) Town/Village: NINE TURNS		(b) Still-born: nil	
14. No. of Children previously born to mother (a) Alive: 1			
15. Name and Surname: ANNIESHA ANN-MARIE WATSON ***			
Maiden Name: nil		16. Age at time of birth: 21 YEARS	
17. Occupation: HOME DUTIES		18. Birthplace: CLARENDON	
INFORMANT(S)			
19. Name and Surname: ANNIESHA ANN-MARIE WATSON ***		nil	
20. Qualification: MOTHER		nil	
21. (a) Residence: BECKFORD		nil	
(b) Town/Village: NINE TURNS		nil	
(c) Parish: CLARENDON		nil	
REGISTRAR'S CERTIFICATE			
22. (a) Signed in my presence by said informant:			
23. Witness: nil			
24. Date: TWENTY-SECOND FEBRUARY, 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

for

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

A 6128225

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

