

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Due Date:
th September, 2013

1. BIRTH IN THE DISTRICT OF: **MAY PEN**
 2. PARISH: **CLARENDON**
 3. NO. **HA 458**
 4. Place of Birth: **PUBLIC GENERAL HOSPITAL MAY PEN**
 5. Date of Birth: **ELEVENTH NOVEMBER, 2011**
 6. Sex: **MALE**
 7. Name of Child: **DWAINE JEROME *****

8. Physician or registered midwife in attendance: **NURSE W WELCOME**
 FATHER

9. Name and Surname: **DWAINE JEROME WHYTE *****
 10. Age at time of birth: **28 YEARS**
 11. Occupation: **FARM MANAGER**

12. Birthplace: **CLARENDON**
 MOTHER

13. (a) Residence: **PENNANTS**
 (b) Town/Village: **CHAPELTON**
 (c) Parish: **CLARENDON**
 (b) Still-born: **nil**

14. No. of Children previously born to mother (a) Alive: **nil**
 15. Name and Surname: **SAMOY SASHIALEE SCOTT *****
 16. Age at time of birth: **22 YEARS**

Maiden Name: **nil**
 17. Occupation: **HOMEDUTIES**
 18. Birthplace: **CLARENDON**
 INFORMANT(S)

19. Name and Surname: **DWAINE JEROME WHYTE *****
 20. Qualification: **FATHER**
 21. (a) Residence: **PENNANTS**
 (b) Town/Village: **CHAPELTON**
 (c) Parish: **CLARENDON**

SAMOY SASHIALEE SCOTT ***
MOTHER
PENNANTS
CHAPELTON
CLARENDON

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

23. Witness: **nil**

24. Date: **ELEVENTH NOVEMBER, 2011**

Signed by Registrar
 Name if added after Registration of Birth

26. Name: **nil**

28. Date Added: **NIL**

27. Authority: **nil**

Last line of Vital Data

Seen & Returned
 HA 458



Deirdre English Gosse

Registrar General &
 Deputy Keeper of the Records

