JAMAICA

Registrar General's Department

:sue Date:
rd October, 2018

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 6705** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-FIRST SEPTEMBER, 2013** 6. Sex: **FEMALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE M COWAN**

FATHER

9. Name and Surname: *************

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **BLENHEIM**

(b) Town/Village: **NEW PORT** (c) Parish: **MANCHESTER**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **TRACEY-ANN DAHLIA SCOTT *****

Maiden Name: **nil**

16. Age at time of birth: **26 YEARS**

17. Occupation: **HOME DUTIES**

18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **TRACEY-ANN DAHLIA SCOTT ***** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **BLENHEIM** **nil**

(b)Town/Village: **NEW PORT** **nil**

(c) Parish: **MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

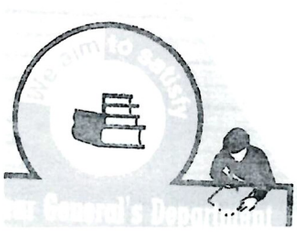
24. Date: **TWENTY-SECOND SEPTEMBER, 2013** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **JAMELIA SHANTINA WHEATLE *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **THIRTY-FIRST DECEMBER, 2013**

Last line of Vital Data



Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE