

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

28th-May, 2010

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER**2. PARISH: **ST. ELIZABETH**3. NO. **KA 7957**4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**5. Date of Birth: **NINTH NOVEMBER, 2009**6. Sex: **FEMALE**7. Name of Child: **OMEILIA ONEIKA HINDS *****8. Physician or registered midwife in attendance: **NURSE K BLAKE**

FATHER

9. Name and Surname: *********10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER

13. (a) Residence: **PEPPER**(b) Town/Village: **nil**(c) Parish: **ST. ELIZABETH**14. No. of Children previously born to mother (a) Alive: **3**(b) Still-born: **nil**15. Name and Surname: **NATALIE JONES *****Maiden Name: **nil**16. Age at time of birth: **31 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname: **NATALIE JONES *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **PEPPER****nil**(b) Town/Village: **nil****nil**(c) Parish: **ST. ELIZABETH****UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TENTH NOVEMBER, 2009**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**27. Authority: **nil**28. Date Added: **NIL**

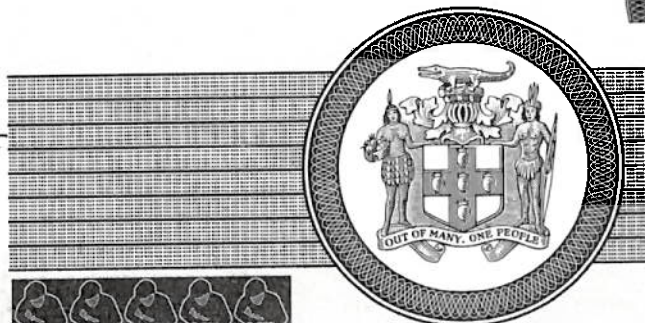
Last line of Vital Data

First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.**Initiative of GOJ - August 17, 2006**

Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERALRegistrar General &
Deputy Keeper of the RecordsTHIS 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