

ue Date:
h June, 2009

Department BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 7133** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **TENTH JANUARY, 2009** 6. Sex: **FEMALE**
7. Name of Child: **SHANIQUA DEJANAE *****

8. Physician or registered midwife in attendance: **NURSE V MCLAUGHLIN-HIBBERT**

9. Name and Surname: **DEVOI ATHOL ARTWELL ***** FATHER

10. Age at time of birth: **24 YEARS** 11. Occupation: **CARPENTER**

12. Birthplace: **ST JAMES**

13. (a) Residence: **EARL'S DRIVE ALBION** MOTHER

(b) Town/Village: **MONTEGO BAY**

(c) Parish: **ST. JAMES**

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

15. Name and Surname: **SHANNA-KAYE AMANDA POWELL *****

Maiden Name: **nil**

16. Age at time of birth: **18 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **KINGSTON**

19. Name and Surname: **DEVOI ATHOL ARTWELL *****

INFORMANT(S)

SHANNA-KAYE AMANDA POWELL ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **41 EARLS DRIVE**

EARL'S DRIVE ALBION

(b) Town/Village: **MONTEGO BAY**

MONTEGO BAY

(c) Parish: **ST. JAMES**

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **ELEVENTH JANUARY, 2009**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

Last Date of Validity:

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 &
Deputy Keeper of the Records

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

A 4979952

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

