

Issue Date:
5th May, 2010

Registrar General's Department BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 9943** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **SEVENTEENTH SEPTEMBER, 2009** 6. Sex: **MALE**
7. Name of Child: **KIBARRY BARRINGTON *****

8. Physician or registered midwife in attendance: **NURSE S ALLEN**

9. Name and Surname: **BARRINGTON GASTON MILLER *****

10. Age at time of birth: **31 YEARS** 11. Occupation: **CARPENTER**

12. Birthplace: **ST. JAMES**

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

(b) Town/Village: **SIGN**

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

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

(b) Still-born: **nil**

15. Name and Surname: **KYMONE ANN-MONIQUE KIDD *****

Maiden Name: **nil**

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

17. Occupation: **SECURITY GUARD**

18. Birthplace: **ST JAMES**

19. Name and Surname: **BARRINGTON GASTON MILLER *****

KYMONE ANN-MONIQUE KIDD ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **ORANGE**

ORANGE

(b) Town/Village: **SIGN**

SIGN

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

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTEENTH SEPTEMBER, 2009**

Sig: **Registrar**

(Name if added after Registration of Birth)

25. Name: **nil**

28. Date Added: **NIL**

27. Authority: **nil**

*This is a true copy
of the original.*

Last line of Vital Data

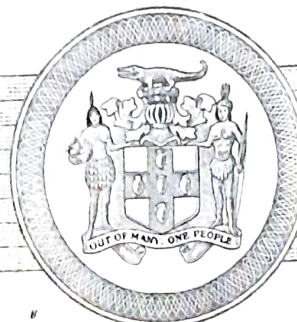
First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.

Initiative of GOJ - August 17, 2006

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

A 5489620