Registrar General's Department

Issue Date:
10th June, 2014

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO. **KA 9594** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **EIGHTH JANUARY, 2011** 6. Sex: **FEMALE**

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

8. Physician or registered midwife in attendance: **NURSE T WILLIAMS**

FATHER

9. Name and Surname: **BYRON WASHINGTON *****

10. Age at time of birth: **51 YEARS** 11. Occupation: **CABINETMAKER**

12. Birthplace: **KINGSTON**

MOTHER

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

(b) Town/Village: **FYFFES PEN** (c) Parish: **ST. ELIZABETH**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **TEREKIA AFELIA MORRIS *****

Maiden Name: **nil** 16. Age at time of birth: **29 YEARS**

17. Occupation: **DOMESTIC** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **TEREKIA AFELIA MORRIS ***** **nil**

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

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

(b)Town/Village: **FYFFES PEN** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TENTH JANUARY, 2011** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **KIEVESKIA KAYLAR WASHINGTON *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **FOURTEENTH FEBRUARY, 2011**

Last line of Vital Data

We aim to satisfy

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE