

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
10th April, 2012

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**
 3. NO. **BY 8887** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**
 5. Date of Birth: **FIFTH DECEMBER, 2011** 6. Sex: **FEMALE**
 7. Name of Child: **SALONICA ANGELIQUE *****

8. Physician or registered midwife in attendance: **STAFF MIDWIFE R WILLIAMS**9. Name and Surname: **RUSSELL ALEXANDER GRAHAM ***** FATHER10. Age at time of birth: **27 YEARS** 11. Occupation: **COMPUTER TECHNICIAN**12. Birthplace: **KINGSTON**13. (a) Residence: **7A MORETON PARK AVENUE**(b) Town/Village: **KINGSTON 10**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**15. Name and Surname: **STEPHANIE TAMIKA SHARONE HENRY *****Maiden Name: **nil**16. Age at time of birth: **28 YEARS**17. Occupation: **ACCOUNTING TECHNICIAN**18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **STEPHANIE TAMIKA SHARONE HENRY *******RUSSELL ALEXANDER GRAHAM *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **7A MORETON PARK AVENUE****7A MORETON PARK AVENUE**(b) Town/Village: **KINGSTON 10****KINGSTON 10**(c) Parish: **ST. ANDREW****ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SIXTH DECEMBER, 2011**

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



Registrar General's Department

for

Yvette Scott
Registrar General &
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 6298292

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICAT