

CA

Registrar General's Department

Issue Date:

2nd December, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 5190** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **SECOND DECEMBER, 2010** 6. Sex: **FEMALE**

7. Name of Child: **MEKILE TASHANNA VIRTUE *****

8. Physician or registered midwife in attendance: **DOCTORS GLORY/CLARKE**

9. Name and Surname: ********* FATHER

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

13. (a) Residence: **LOWER CHRISTIANA** MOTHER

(b) Town/Village: **CHRISTIANA** (c) Parish: **MANCHESTER**

14. No. of Children previously born to mother (a) Alive: **5** (b) Still-born: **nil**

15. Name and Surname: **SHERENE NICOLA WHITE *****

Maiden Name: **nil** 16. Age at time of birth: **34 YEARS**

17. Occupation: **HOME-MAKING** 18. Birthplace: **MANCHESTER**

19. Name and Surname: **SHERENE NICOLA WHITE ***** nil

20. Qualification: **MOTHER** nil

21. (a) Residence: **LOWER CHRISTIANA** nil

(b) Town/Village: **CHRISTIANA** nil

(c) Parish: **MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

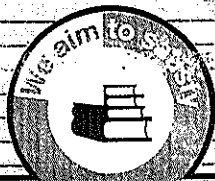
24. Date: **THIRD DECEMBER, 2010** Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

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

Last line of Vital Data



for

Yvette Scott
Yvette Scott
Registrar General &
Deputy Keeper of the Records



EMAIL ADDRESS:

2) NAME: Bethune Ashley Rose RELATIONSHIP Grand-motherADDRESS: Logans Avenue Christiana P.O. ManchesterTELEPHONE NO: (W) (876) 804-3850 (H) _____ (Cell) _____

EMAIL ADDRESS: _____

