JAMAICA

Registrar General's Department

Issue Date:
23rd March, 2011

BIRTH REGISTRATION FORM

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

3. NO. **IA 5082** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-SECOND NOVEMBER, 2010** 6. Sex: **MALE**

7. Name of Child: **NATHAN ANTONIO** ***

First born of Twins

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

FATHER

9. Name and Surname: **KEVIN ANTHONY WRIGHT** ***

10. Age at time of birth: **29 YEARS** 11. Occupation: **TRUCK OPERATOR**

12. Birthplace: **ST ELIZABETH**

MOTHER

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

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

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

15. Name and Surname: **AMOY SHELBYAN WRIGHT** ***

Maiden Name: **WILLIAMS** *** 16. Age at time of birth: **25 YEARS**

17. Occupation: **PERSONAL BANKING REPRESENTATIVE** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **AMOY SHELBYAN WRIGHT** *** **nil**

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

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

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

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-THIRD NOVEMBER, 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

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

Initiative of GOJ - August 17, 2006

We aim to satisfy

Patricia P. Holness
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

OUT OF MANY, ONE PEOPLE