

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Date:
September, 2009

1. BIRTH IN THE DISTRICT OF: **ST. ANN'S BAY** 2. PARISH: **ST. ANN**
 3. NO. **GA 6560** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL ST ANN'S BAY**
 5. Date of Birth: **SIXTH APRIL, 2009** 6. Sex: **FEMALE**
 7. Name of Child: **SHADAE RAEHANA *****

8. Physician or registered midwife in attendance: **DR WOLFE**

FATHER

9. Name and Surname: **ERNEST RAE ALLEN *****10. Age at time of birth: **52 YEARS**11. Occupation: **WAITER**12. Birthplace: **ST ANN**

MOTHER

13. (a) Residence: **LIME HALL**(b) Town/Village: **nil**(c) Parish: **ST. ANN**14. No. of Children previously born to mother (a) Alive: **1**(b) Still-born: **nil**15. Name and Surname: **VINETTE MAY SENIOR *****Maiden Name: **nil**16. Age at time of birth: **40 YEARS**17. Occupation: **TRANSLATOR**18. Birthplace: **ST ANN**

INFORMANT(S)

19. Name and Surname: **ERNEST RAE ALLEN *******VINETTE MAY SENIOR *****20. Qualification: **FATHER****MOTHER**21. (a) Residence: **LOT 236 MOUNT EDGECOMBE****LIME HALL**(b) Town/Village: **nil****nil**(c) Parish: **ST. ANN****ST. ANN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SEVENTH APRIL, 2009**

Signed by Registrar

Name if added after Registration of Birth

25. Name: **nil**27. Authority: **nil**26. 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



Registrar General's Department

Registrar General &
Deputy Keeper of the Records

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

A 5119377

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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