

JAMAICA

Registrar General's *Department*

BIRTH REGISTRATION FORM

Issue Date:
11th June, 2010

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 1940** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **SEVENTH FEBRUARY, 2010** 6. Sex: **MALE**
7. Name of Child: **SHAEMAR O'BRYAN *****

8. Physician or registered midwife in attendance: **NURSE Y PETERKIN-BIGBY**

9. Name and Surname: **CALVIN ANTHONY GRANT *****

FATHER

10. Age at time of birth: **36 YEARS**

11. Occupation: **SALES REPRESENTATIVE**

12. Birthplace: **ST JAMES**

MOTHER

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

(b) Town/Village: **ANCHOVY**

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

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

(b) Still-born: **nil**

15. Name and Surname: **NATASHA ANN-MARIE GOULD *****

Maiden Name: **nil**

16. Age at time of birth: **22 YEARS**

17. Occupation: **ACTRESS**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **CALVIN ANTHONY GRANT *****

NATASHA ANN-MARIE GOULD ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **WALESPOND**

WALESPOND

(b) Town/Village: **ANCHOVY**

ANCHOVY

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

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTH FEBRUARY, 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

Patricia P. Holness

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 5553754

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Registrar General's Department

