Department

**Issue Date:**
**9th May, 2016**

# BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **NEWELL** 2. PARISH: **ST. ELIZABETH**

3. NO. **KL 8007** 4. Place of Birth: **NEWELL MATERNITY CENTRE**

5. Date of Birth: **THIRTY-FIRST DECEMBER, 2013** 6. Sex: **FEMALE**

7. Name of Child: **BRIANNA NATASHA BROOKS *****

8. Physician or registered midwife in attendance: **NURSE C M FRASER-MILLER**

FATHER

9. Name and Surname: **UTON ANTHONY BROOKS *****

10. Age at time of birth: **25 YEARS** 11. Occupation: **FORKLIFT OPERATOR**

12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **RIDGE PEN**

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

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **DACIA ANESHA ROWE *****

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

17. Occupation: **SHOPKEEPER** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **DACIA ANESHA ROWE *****

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

21. (a) Residence: **RIDGE PEN** **nil**

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

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINTH JANUARY, 2014** **Signed by Registrar** **on the authority of the Registrar General**

Name if added after Registration of Birth

26. Name: **nil**

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

****** AMENDMENTS ******

1: ***LINES 9-12 ADDED on Fifteenth April, 2016***

*Last line of Vital Data*

Burnt Savannah Primary School
Burnt Savannah P.A.
St. Elizabeth
Tel/876-781-6567

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

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

OUT OF MANY, ONE PEOPLE

We aim to serve

Registrar General's Department

THIS CERTIFICATE NOT PREPARED ON A WATERMARK DISTINCTIVE PAPER



A 8033648

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE