010204975269/2016

JAMAICA

Registrar General's Department

Issue Date:
16th July, 2016

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MAY PEN** 2. PARISH: **CLARENDON**

3. NO. **HA 7791** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL MAY PEN**

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

7. Name of Child: **TYREIKE DENNIS** ***

8. Physician or registered midwife in attendance: **NURSE D RHODEN**

FATHER

9. Name and Surname: **DENNIS ROY GOLDING** ***

10. Age at time of birth: **52 YEARS** 11. Occupation: **CORRECTIONAL OFFICER**

12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **ROCK RIVER**

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

14. No. of Children previously born to mother (a) Alive: **4** (b) Still-born: **nil** (c) Parish: **CLARENDON**

15. Name and Surname: **MOYA DELAKEISHA JAMES** ***

Maiden Name: **nil**

16. Age at time of birth: **30 YEARS**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **CLARENDON**

INFORMANT(S)

19. Name and Surname:	**DENNIS ROY GOLDING** ***	**MOYA DELAKEISHA JAMES** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**DAMIOND**	**ROCK RIVER**
(b)Town/Village:	**ROCK RIVER**	**nil**
(c) Parish:	**CLARENDON**	**CLARENDON**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

We aim to satisfy

Registrar General's Department

OUT OF MANY, ONE PEOPLE