



Registrar General's Department

Issue Date:

23rd February, 2024

BIRTH REGISTRATION FORM

1. Birth in the district of: **SPANISH TOWN** 2. Parish: **ST. CATHERINE**

3. No. **EA 8646** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**

5. Date of Birth: **SEVENTH APRIL, 2013** 6. Sex: **FEMALE**

7. Name of Child: **JAKIRA TORI FOSTER *****

8. Physician or registered midwife in attendance: **NURSE J McNABB**

9. Name and Surname: ********* FATHER

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil** MOTHER

13. (a) Residence: **11 MANCHESTER LANE** (c) Parish: **ST. CATHERINE**

(b) Town/Village: **SPANISH TOWN**

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

15. Name and Surname: **MELECIA MAZELINE GAYLE *****

Maiden Name: **nil** 16. Age at time of birth: **31 YEARS**

17. Occupation: **HAIRDRESSER** 18. Birthplace: **ST CATHERINE**

19. Name and Surname: **MELECIA MAZELINE GAYLE ***** INFORMANT(S) **nil**

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

21. (a) Residence: **11 MANCHESTER LANE** **nil**

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

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

22. (a) Signed in my presence by said informant: REGISTRAR'S CERTIFICATE

23. Witness: **nil**

24. Date: **EIGHTH APRIL, 2013** 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

Charlton D. J. McFarlane

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL