

JAMAICA

Registrar General's  
Department

Issue Date:

14th October, 2019

## BIRTH REGISTRATION FORM

|                                                          |                       |                                           |                                       |
|----------------------------------------------------------|-----------------------|-------------------------------------------|---------------------------------------|
| 1. BIRTH IN THE DISTRICT OF:                             | MORANT BAY            | 2. PARISH:                                | ST. THOMAS                            |
| 3. NO.                                                   | CA 3577               | 4. Place of Birth:                        | PRINCESS MARGARET HOSPITAL MORANT BAY |
| 5. Date of Birth:                                        | THIRTIETH MARCH, 2011 | 6. Sex:                                   | FEMALE                                |
| 7. Name of Child:                                        | TIAMA AKYLA LEE ***   |                                           |                                       |
| 8. Physician or registered midwife in attendance:        | DR FOLKES             |                                           |                                       |
| 9. Name and Surname:                                     | ***** FATHER          |                                           |                                       |
| 10. Age at time of birth:                                | nil                   | 11. Occupation:                           | nil                                   |
| 12. Birthplace:                                          | nil                   |                                           |                                       |
| 13. (a) Residence:                                       | LLOYDSVILLE           |                                           |                                       |
| (b) Town/Village:                                        | YALLAHS               | (c) Parish:                               | ST. THOMAS                            |
| 14. No. of Children previously born to mother (a) Alive: | 2                     | (b) Still-born:                           | nil                                   |
| 15. Name and Surname:                                    | NESHA CANDY GRANT *** |                                           |                                       |
| Maiden Name:                                             | nil                   |                                           |                                       |
| 16. Age at time of birth:                                | 21 YEARS              |                                           |                                       |
| 17. Occupation:                                          | SHOPKEEPER            | 18. Birthplace:                           | ST THOMAS                             |
| 19. Name and Surname:                                    | NESHA CANDY GRANT *** |                                           |                                       |
| 20. Qualification:                                       | MOTHER                | INFORMANT(S)                              | nil                                   |
| 21. (a) Residence:                                       | LLOYDSVILLE           |                                           | nil                                   |
| (b) Town/Village:                                        | YALLAHS               |                                           | nil                                   |
| (c) Parish:                                              | ST. THOMAS            |                                           | nil                                   |
| REGISTRAR'S CERTIFICATE                                  |                       |                                           |                                       |
| 22. (a) Signed in my presence by said informant:         |                       |                                           |                                       |
| 23. Witness:                                             | nil                   |                                           |                                       |
| 24. Date:                                                | THIRTIETH MARCH, 2011 | Signed by Registrar                       |                                       |
| 26. Name:                                                | nil                   | Name if added after Registration of Birth |                                       |
| 27. Authority:                                           | nil                   | 28. Date Added:                           | NIL                                   |

Last line of Vital Data



Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS  
PREPARED ON ENGRAVED BORDER  
DISPLAYING EMBOSSED SEALS AND  
SIGNATURE OF REGISTRAR GENERAL

Desmond Davis (Actg.)

Registrar General &  
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE  
OF THE RECORD OFFICIALLY REGISTERED IN THE  
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

GIESSEN &amp; DEVIENH 04BH 2000

A 9193582

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE