

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
3rd July, 2018

1. BIRTH IN THE DISTRICT OF: **FALMOUTH** 2. PARISH: **TRELAWNY**
3. NO. **OA 4477** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL FALMOUTH**
5. Date of Birth: **THIRD AUGUST, 2010** 6. Sex: **MALE**
7. Name of Child: **ANDRIANO EVERDEAN *****

8. Physician or registered midwife in attendance: **NURSE P McCATHY**

FATHER

9. Name and Surname: **OMAR EVERDEAN CLARKE *****

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

11. Occupation: **COOK**

12. Birthplace: **TRELAWNY**

MOTHER

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

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

(c) Parish: **TRELAWNY**

14. No. of Children previously born to mother (a) Alive: **1**

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

15. Name and Surname: **TRUEDIAN CUNNINGHAM *****

16. Age at time of birth: **19 YEARS**

Maiden Name: **nil**

17. Occupation: **HOME DUTIES**

18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname: **OMAR EVERDEAN CLARKE *****

TRUEDIAN CUNNINGHAM ***

20. Qualification: **FATHER**

MOTHER

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

DUANVALE

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

nil

(c) Parish: **TRELAWNY**

TRELAWNY

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

Signed by Registrar

24. Date: **FIFTH AUGUST, 2010**

Name if added after Registration of Birth

26. Name: **nil**

28. Date Added: **NIL**

27. Authority: **nil**

Last line of Vital Data



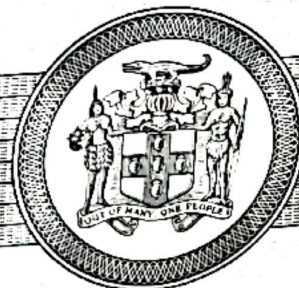
Registrar General's Department

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

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

A 8766667



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE