

JAMAICA

Registrar General's
DepartmentIssue Date:
2nd December, 2011

BIRTH REGISTRATION FORM

1 BIRTH IN THE DISTRICT OF **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 4226** 4. Place of Birth: **ENROUTE TO MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **SIXTEENTH SEPTEMBER, 2010** 6. Sex: **MALE**

7 Name of Child: **JASANI NICHOLAS BARRETT *****

8. Physician or registered midwife in attendance: **NURSE M HUNTLEY**

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

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

12. Birthplace: **nil**

13. (a) Residence: **EVERGREEN** MOTHER

(b) Town/Village: **nil** (c) Parish: **MANCHESTER**

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

15. Name and Surname: **MONIQUE SHANAKAY WALLACE *****

Maiden Name: **nil** 16. Age at time of birth: **18 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **MANCHESTER**

19. Name and Surname: **MONIQUE SHANAKAY WALLACE ***** nil

20. Qualification: **MOTHER** nil

21. (a) Residence: **EVERGREEN** nil

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

(c) Parish: **MANCHESTER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

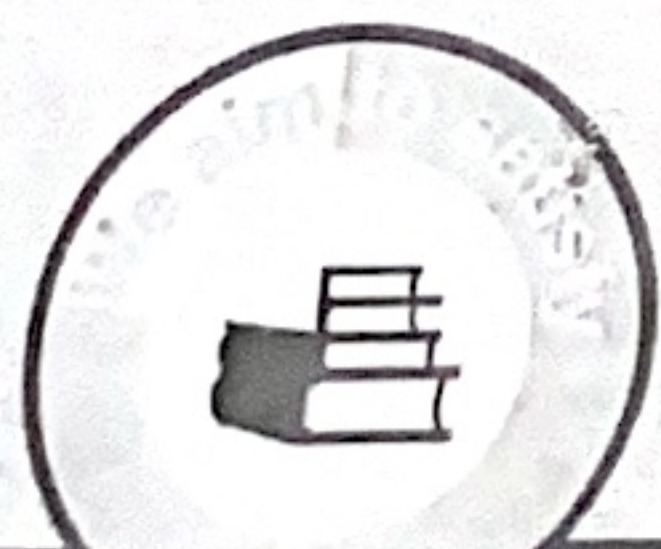
24. Date: **SEVENTEENTH SEPTEMBER, 2010** Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

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

Last line of Vital Data



for

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

Yvette Scott


A 6124986

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE