

Registrar General's
Department
BIRTH REGISTRATION FORM

Issue Date:
14th June, 2017

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 7214** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **ELEVENTH MAY, 2011** 6. Sex: **MALE**
7. Name of Child: **KAEL KIMLOY *****

8. Physician or registered midwife in attendance: **DOCTOR D SCARLETT**

FATHER

9. Name and Surname: **KIMLOY ANTHONY JARRETT *****

10. Age at time of birth: **28 YEARS**

11. Occupation: **FARMER**

12. Birthplace: **TRELAWNY**

MOTHER

13. (a) Residence: **WINDSOR ROAD**

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

(c) Parish: **TRELAWNY**

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

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

15. Name and Surname: **SHINIKHA SHANTELL TYRELL *****

Maiden Name: **nil**

16. Age at time of birth: **22 YEARS**

17. Occupation: **HOME DUTIES**

18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname: **KIMLOY ANTHONY JARRETT *****

SHINIKHA SHANTELL TYRELL ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **WINDSOR ROAD**

WINDSOR ROAD

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

DUNCANS

(c) Parish: **TRELAWNY**

TRELAWNY

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **ELEVENTH MAY, 2011**

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



Registrar General's Department

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



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE