JAMAICA

Registrar General's Department

Issue Date:
17th November, 2009

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 8857** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-FIRST JUNE, 2009** 6. Sex: **MALE**

7. Name of Child: **SAMUEL LEVI** ***

Second born of Twins

8. Physician or registered midwife in attendance: **DOCTOR L BRYAN**

FATHER

9. Name and Surname: **ASMAND MOGARVEY WILLIAMS** ***

10. Age at time of birth: **29 YEARS** 11. Occupation: **CONSTRUCTION WORKER**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **SALT SPRING ROAD**

(b) Town/Village: **MONTEGO BAY** (c) Parish: **ST. JAMES**

14. No. of Children previously born to mother (a) Alive: **5** (b) Still-born: **nil**

15. Name and Surname: **BRIDGETTE ANTOINETTE SMITH** ***

Maiden Name: **nil** 16. Age at time of birth: **36 YEARS**

17. Occupation: **SALES REPRESENTATIVE** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**ASMAND MOGARVEY WILLIAMS** ***	**BRIDGETTE ANTOINETTE SMITH** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**12 1/2 UPPER KING STREET**	**SALT SPRING ROAD**
(b)Town/Village:	**MONTEGO BAY**	**MONTEGO BAY**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SECOND JUNE, 2009** **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

First Free Copy for children
as of January 1, 2007 and registe
with a name at birth.
Initiative of GOJ - August 17, 2006

This is a true copy of the original.

Patricia P. Holness
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

OUT OF MANY, ONE PEOPLE