Registrar General's Department

Issue Date:
22nd October, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **LUCEA** 2. PARISH: **HANOVER**

3. NO. **MA 6371** 4. Place of Birth: **NOEL HOLMES HOSPITAL**

5. Date of Birth: **SECOND DECEMBER, 2010** 6. Sex: **FEMALE**

7. Name of Child: **CERIA CHRISTIANA** ***

8. Physician or registered midwife in attendance: **NURSE U ALLEN**

FATHER

9. Name and Surname: **CEAVIER CADOGAN** ***

10. Age at time of birth: **28 YEARS** 11. Occupation: **CHEF**

12. Birthplace: **HANOVER**

MOTHER

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

(b) Town/Village: **CESSNOCK** (c) Parish: **HANOVER**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **DIAN MYRIE** ***

Maiden Name: **nil** 16. Age at time of birth: **28 YEARS**

17. Occupation: **HOUSEKEEPER** 18. Birthplace: **HANOVER**

INFORMANT(S)

19. Name and Surname:	**CEAVIER CADOGAN** ***	**DIAN MYRIE** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**CAULDWELL**	**CAULDWELL**
(b) Town/Village:	**CESSNOCK**	**CESSNOCK**
(c) Parish:	**HANOVER**	**HANOVER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRD DECEMBER, 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

We aim to satisfy

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

A 6591018

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE