

JAMAICA

Registrar General's
DepartmentIssue Date:
19th March, 2018

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **SAVANNA-LA-MAR** 2. PARISH: **WESTMORELAND**
3. NO. **LA 4420** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SAVANNA LA MAR**
5. Date of Birth: **NINTH AUGUST, 2009** 6. Sex: **FEMALE**
7. Name of Child: **ASHIQUE ASHANTE JOHNSON *****

8. Physician or registered midwife in attendance: **NURSE K BERWISE**9. Name and Surname: *********

FATHER

10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil**

MOTHER

13. (a) Residence: **DARLISTON**(b) Town/Village: **nil**(c) Parish: **WESTMORELAND**14. No. of Children previously born to mother (a) Alive: **nil**(b) Still-born: **nil**15. Name and Surname: **SHANEAK TENNANT *****Maiden Name: **nil**16. Age at time of birth: **14 YEARS**17. Occupation: **HOMEDUTIES**18. Birthplace: **WESTMORELAND**

INFORMANT(S)

19. Name and Surname: **SHANEAK TENNANT *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **DARLISTON****nil**(b) Town/Village: **nil****nil**(c) Parish: **WESTMORELAND****UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **NINTH AUGUST, 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



Registrar General's Department

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

Deirdre English Gosse

Registrar General &
Deputy Keeper of the RecordsTHIS 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