JAMAICA

Registrar General's Department

Issue Date:
16th February, 2009

BIRTH REGISTRATION FORM

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

3. NO. **NZ 5625** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-FIRST SEPTEMBER, 2008** 6. Sex: **MALE**

7. Name of Child: **MOURICE MARK SCOTCHMAN *****

8. Physician or registered midwife in attendance: **DOCTOR N SINGH**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

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

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

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

15. Name and Surname: **REDEHILA GORDON *****

Maiden Name. **nil** 16. Age at time of birth: **23 YEARS**

17. Occupation: **CUSTOMER SERVICE REPRESENTATIVE** 18. Birthplace: **TRELAWNY**

INFORMANT(S)

19. Name and Surname:	**REDEHILA GORDON *** **	**nil**
20. Qualification:	**MOTHER**	**nil**
21. (a) Residence:	**GARLANDS**	**nil**
(b)Town/Village:	**MOCHO**	**nil**
(c) Parish:	**ST. JAMES**	**UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SECOND SEPTEMBER, 2008** **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 born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

OUT OF MANY, ONE PEOPLE