

Issue Date:
21st July, 2011

Department BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 6396** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **FOURTEENTH FEBRUARY, 2011** 6. Sex: **FEMALE**
7. Name of Child: **SHERICKA ANNEKA *****

8. Physician or registered midwife in attendance: **NURSE M FULLER**

9. Name and Surname: **PEARNEL DWIGHT GARDENER ***** FATHER

10. Age at time of birth: **33 YEARS** 11. Occupation: **MAINTENANCE WORKER**

12. Birthplace: **WESTMORELAND**

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

(b) Town/Village: **MONTEGO BAY**

(c) Parish: **ST. JAMES**

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

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

15. Name and Surname: **SHEREEN MELANE CLAYTON *****

Maiden Name: **nil**

17. Occupation: **HOMEDUTIES**

18. Birthplace: **ST JAMES**

16. Age at time of birth: **30 YEARS**

19. Name and Surname: **PEARNEL DWIGHT GARDENER ***** INFORMANT(S)

SHEREEN MELANE CLAYTON ***

20. Qualification: **FATHER**

MOTHER

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

SALT SPRING ROAD

(b) Town/Village: **MONTEGO BAY**

MONTEGO BAY

(c) Parish: **ST. JAMES**

ST. JAMES

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

REGISTRAR'S CERTIFICATE

23. Witness: **nil**

24. Date: **FIFTEENTH FEBRUARY, 2011**

Signed by Registrar

26. Name: **nil**

Name if added after Registration of Birth

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



Registrar General's Department

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

THIS IS A CERTIFICATE
OF THE RECORD OF

