

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

16th September, 2021

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**
 3. NO. **BY 6269** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**
 5. Date of Birth: **SIXTH SEPTEMBER, 2010** 6. Sex: **MALE**
 7. Name of Child: **JAZIAH DOMINIC HOLLINGSWORTH *****

8. Physician or registered midwife in attendance: **DRS S MITCHELL/C TULLOCH**9. Name and Surname: **DOMINIC KARL HOLLINGSWORTH MOSES *****
FATHER10. Age at time of birth: **21 YEARS** 11. Occupation: **UNIVERSITY STUDENT**12. Birthplace: **ST ANDREW**

MOTHER

13. (a) Residence: **1 MARIGOLD WAY MONA**(b) Town/Village: **KINGSTON 6**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**15. Name and Surname: **MANDI SEQUOIA TAYLOR *****Maiden Name: **nil**16. Age at time of birth: **20 YEARS**17. Occupation: **UNIVERSITY STUDENT**18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **MANDI SEQUOIA TAYLOR *******DOMINIC KARL HOLLINGSWORTH MOSES *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **1 MARIGOLD WAY MONA****30 BEGONIA DRIVE**(b) Town/Village: **KINGSTON 6****KINGSTON 6**(c) Parish: **ST. ANDREW****ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **SEVENTH SEPTEMBER, 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

THIS CERTIFICATE NOT VALID UNLESS
PREPARED ON ENGRAVED BORDER
DISPLAYING EMBOSSED SEALS AND
SIGNATURE OF REGISTRAR GENERAL*Charlton D. J. McFarlane*

Charlton D. J. McFarlane

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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