

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
6th March, 2014

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**
 3. NO. **BA 6174** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**
 5. Date of Birth: **TWENTY-SECOND NOVEMBER, 2013** 6. Sex: **MALE**
 7. Name of Child: **LIAM NICHOLAI *****

8. Physician or registered midwife in attendance: **DR S MITCHELL**
FATHER

9. Name and Surname: **REES KENRIC HINES *****

10. Age at time of birth: **36 YEARS** 11. Occupation: **COMPLIANCE OFFICER**

12. Birthplace: **ST ANDREW**

13. (a) Residence: **6 EAST AVENUE APARTMENT 2**

(b) Town/Village: **KINGSTON 8**

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

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

15. Name and Surname: **MISCHA LORI ANN HINES *****

Maiden Name: **McLEOD *****

16. Age at time of birth: **33 YEARS**

17. Occupation: **BANKER**

18. Birthplace: **ST ANDREW**

19. Name and Surname: **REES KENRIC HINES *****

INFORMANT(S) **nil**

20. Qualification: **FATHER**

nil

21. (a) Residence: **6 EAST AVENUE APARTMENT 2**

nil

(b) Town/Village: **KINGSTON 8**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIFTH NOVEMBER, 2013**

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



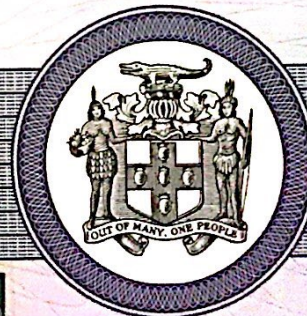
Registrar General's Department

Deirdre English Gosse

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Registrar General &
Deputy Keeper of the Records

THIS 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