

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
7th May, 20071. BIRTH IN THE DISTRICT OF: **CROSS ROADS** 2. PARISH: **ST. ANDREW**3. NO. **BM 893** 4. Place of Birth: **NUTTALL MEMORIAL HOSPITAL**5. Date of Birth: **SIXTEENTH FEBRUARY, 2007** 6. Sex: **MALE**7. Name of Child: **MATTHEW NICHOLAI *****8. Physician or registered midwife in attendance: **DR S MITCHELL**

FATHER

9. Name and Surname: **STEPHEN SHELDON LLOYD *****10. Age at time of birth: **34 YEARS** 11. Occupation: **PACKAGING MANAGER**12. Birthplace: **ST ANDREW**

MOTHER

13. (a) Residence: **26 BURBANK AVENUE**(b) Town/Village: **KINGSTON 19**(c) Parish: **ST. ANDREW**14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**15. Name and Surname: **SHERYL NICOLE LLOYD *****Maiden Name: **GARRIQUES *****16. Age at time of birth: **29 YEARS**17. Occupation: **REGISTERED NURSE**18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **SHERYL NICOLE LLOYD ***** **nil**20. Qualification: **MOTHER** **nil**21. (a) Residence: **26 BURBANK AVENUE** **nil**(b) Town/Village: **KINGSTON 19** **nil**(c) Parish: **ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

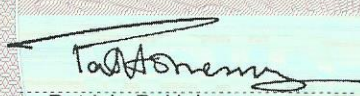
23. Witness: **nil**24. Date: **SEVENTEENTH FEBRUARY, 2007**

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



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

THIS IS A CERTIFICATE

