



JAMAICA

*Registrar General's
Department*

BIRTH REGISTRATION FORM

Issue Date:
19th May, 2016

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**
 3. NO. **AA 9446** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
 5. Date of Birth: **THIRD NOVEMBER, 2013** 6. Sex: **MALE**
 7. Name of Child: **OMARI VAUGHN *****

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

FATHER

9. Name and Surname: **MICHAEL ADRIAN CLARKE *****

10. Age at time of birth: **22 YEARS** 11. Occupation: **WELDER**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **18 PHILLIP AVENUE**

(b) Town/Village: **KINGSTON 11**

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

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

15. Name and Surname: **GAMILLA VALREENA MALCOLM *****

Maiden Name: **nil**

16. Age at time of birth: **21 YEARS**

17. Occupation: **CLERICAL ASSISTANT**

18. Birthplace: **KINGSTON**

INFORMANT(S)

19. Name and Surname: **GAMILLA VALREENA MALCOLM *****

MICHAEL ADRIAN CLARKE ***

20. Qualification: **MOTHER**

FATHER

21. (a) Residence: **18 PHILLIP AVENUE**

10 HERRICK AVENUE

(b) Town/Village: **KINGSTON 11**

KINGSTON 20

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

ST. ANDREW

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRD 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



Deirdre
Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

