



Registrar General's Department

Issue Date:**11th December, 2023**

BIRTH REGISTRATION FORM

1. Birth in the district of: **MOUNT SALEM**2. Parish: **ST. JAMES**3. No. **NZ 5827**4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**5. Date of Birth: **FIFTH OCTOBER, 2008**6. Sex: **MALE**7. Name of Child: **GAVIRIL ROY BROOKS *****8. Physician or registered midwife in attendance: **NURSE C DOWMAN****FATHER**9. Name and Surname: *********10. Age at time of birth: **nil**11. Occupation: **nil**12. Birthplace: **nil****MOTHER**13. (a) Residence: **PITFOUR**(b) Town/Village: **GRANVILLE**(c) Parish: **ST. JAMES**14. No. of Children previously born to mother (a) Alive: **8**(b) Still-born: **nil**15. Name and Surname: **DEBORAH ADRIN MIDDLETON *****Maiden Name: **nil**16. Age at time of birth: **36 YEARS**17. Occupation: **HIGGLER**18. Birthplace: **KINGSTON****INFORMANT(S)**19. Name and Surname: **DEBORAH ADRIN MIDDLETON *******nil**20. Qualification: **MOTHER****nil**21. (a) Residence: **PITFOUR****nil**(b) Town/Village: **GRANVILLE****nil**(c) Parish: **ST. JAMES****nil****REGISTRAR'S CERTIFICATE**

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

23. Witness: **nil**24. Date: **FIFTH OCTOBER, 2008****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**Charlton D. J. McFarlane*

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the RecordsTHIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL