

Issue Date:
21st May, 2015

Registrar General's Department BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**
2. PARISH: **ST. JAMES**
3. NO. **NZ 7359**
4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **TWENTY-SIXTH MAY, 2011**
6. Sex: **FEMALE**
7. Name of Child: **BRIELLA TORI SNOW *****

8. Physician or registered midwife in attendance: **NURSE O HAYNES**

9. Name and Surname: **TOFFARA TREVOR SNOW ***** FATHER

10. Age at time of birth: **27 YEARS**

11. Occupation: **ELECTRICAL WORKER**

12. Birthplace: **WESTMORELAND**

13. (a) Residence: **PROVIDENCE HEIGHTS**

MOTHER

(b) Town/Village: **FLANKERS**

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

14. No. of Children previously born to mother (a) Alive: **2**

(b) Still-born: **nil**

15. Name and Surname: **PETRA SUSAN ARKINSON *****

Maiden Name: **nil**

16. Age at time of birth: **20 YEARS**

17. Occupation: **SECURITY GUARD**

18. Birthplace: **ST JAMES**

19. Name and Surname: **PETRA SUSAN ARKINSON *****

INFORMANT(S)

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **PROVIDENCE HEIGHTS**

nil

(b) Town/Village: **FLANKERS**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SEVENTH MAY, 2011**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

***** AMENDMENTS *****

1. **LINES 9-12 ADDED on Fourth May, 2015**

Last line of Vital Data



Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
THE RECORD OFFICIALLY REGISTERED IN THE

