

Issue Date:
5th December, 2012

Registrar General's
Department
BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**

2. PARISH: **ST. JAMES**

3. NO. **NZ 9586**

4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-FIFTH AUGUST, 2009**

6. Sex: **MALE**

7. Name of Child: **DAVIN DANRICK ATKINS *****

Second born of Twins

8. Physician or registered midwife in attendance: **DOCTOR J OBAKPOLAR**

FATHER

9. Name and Surname: *********

10. Age at time of birth: **nil**

11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **KNOCKALVA**

(b) Town/Village: **CHESTER CASTLE**

(c) Parish: **HANOVER**

14. No. of Children previously born to mother (a) Alive: **6**

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

15. Name and Surname: **LORNA VINNETTE WELLINGTON *****

Maiden Name: **nil**

16. Age at time of birth: **32 YEARS**

17. Occupation: **HIGGLER**

18. Birthplace: **HANOVER**

INFORMANT(S)

19. Name and Surname: **LORNA VINNETTE WELLINGTON *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **KNOCKALVA**

nil

(b) Town/Village: **CHESTER CASTLE**

nil

(c) Parish: **HANOVER**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIFTH AUGUST, 2009**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

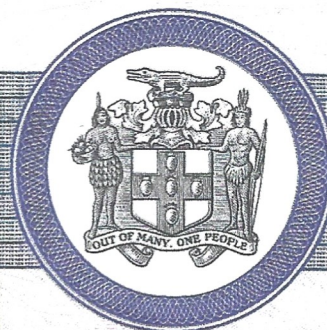
Last line of Vital Data



Deirdre English Gosse
Deirdre English Gosse

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