

Issue Date:
5th March, 2020

Department
BIRTH REGISTRATION FORM

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

2. PARISH: **ST. JAMES**

3. NO. **NZ 3890**

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

5. Date of Birth: **FOURTEENTH AUGUST, 2010**

6. Sex: **MALE**

7. Name of Child: **DAEQUAN ZADANE SPENCE *****

8. Physician or registered midwife in attendance: **NURSE A MALCOLM**

FATHER

9. Name and Surname: **DANE RENARD SPENCE *****

10. Age at time of birth: **22 YEARS**

11. Occupation: **AIRPORT DISPATCHER**

12. Birthplace: **ST JAMES**

MOTHER

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

(b) Town/Village: **JOHNS HALL**

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

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

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

15. Name and Surname: **ALECIA SHASHAUNA GORDON *****

Maiden Name: **nil**

16. Age at time of birth: **23 YEARS**

17. Occupation: **HOME DUTIES**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **ALECIA SHASHAUNA GORDON *****

nil

20. Qualification: **MOTHER**

nil

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

nil

(b) Town/Village: **JOHNS HALL**

nil

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTEENTH AUGUST, 2010**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

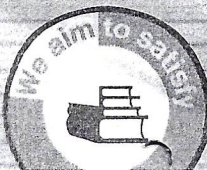
28. Date Added: **NIL**

***** AMENDMENTS *****

1: **LINES 9-12 ADDED on Twentieth February, 2020**

Last line of Vital Data

*This is a true
copy of the original.
March 2020*



CLM m.f.l.

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

