30th March, 2016

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO: **NZ 539** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-SIXTH OCTOBER, 2009** 6. Sex: ***FEMALE***

7. Name of Child: **D'DRANAE DONOYA** ***

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

FATHER

9. Name and Surname: **DONOVAN OJAY GARRICK** ***

10. Age at time of birth: **21 YEARS** 11. Occupation: **NIL**

12. Birthplace: **PORTLAND**

MOTHER

13. (a) Residence: **16 PARADISE ROWE**

(b) Town/Village: **MONTEGO BAY** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **XAVIER CHIVON MORRIS** ***

Maiden Name: **nil** 16. Age at time of birth: **20 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	**DONOVAN OJAY GARRICK** ***	**XAVIER CHIVON MORRIS** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**16 PARADISE ROWE**	**16 PARADISE ROWE**
(b)Town/Village:	**MONTEGO BAY**	**MONTEGO BAY**
(c) Parish:	**ST. JAMES**	**ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SIXTH OCTOBER, 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