Issue Date:
17th June, 2013

Department

BIRTH REGISTRATION FORM

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

3. NO. NZ 4927 — 4. Place of Birth: CORNWALL REGIONAL HOSPITAL

5. Date of Birth: SECOND FEBRUARY, 2013 — 6. Sex: MALE

7. Name of Child: DAVASKA OSHANE CLARKE ***

8. Physician or registered midwife in attendance: NURSE S HEADLEY

FATHER

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

10. Age at time of birth: nil — 11. Occupation: nil

12. Birthplace: nil

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: ESKIA MAXWELL ***

Maiden Name: nil — 16. Age at time of birth: 18 YEA

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

INFORMANT(S)

19. Name and Surname: ESKIA MAXWELL *** — nil

20. Qualification: MOTHER — nil

21. (a) Residence: HURLOCK — nil

(b)Town/Village: JOHNS HALL — nil

(c) Parish: ST. JAMES — UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: nil

24. Date: SECOND FEBRUARY, 2013 — 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

First Free Copy for children as of January 1, 2007 and regist with a name at birth.

Initiative of GOJ - August 17, 2006

We aim to satisfy

Registrar General's Department

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIAL...

OUT OF MANY, ONE PEOPLE