

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
4th May, 2021

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 9320** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **TWENTY-NINTH OCTOBER, 2011** 6. Sex: **MALE**
7. Name of Child: **MECARDO KYLE *****

8. Physician or registered midwife in attendance: **NURSE J FLETCHER**
FATHER

9. Name and Surname: **SYDNEY MERCARDO DENT *****

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

11. Occupation: **TAXI OPERATOR**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **SALT SPRING**

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

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

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

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

15. Name and Surname: **GEORGIA NATALEE JOHNSON *****

16. Age at time of birth: **30 YEARS**

Maiden Name: **nil**

17. Occupation: **HAIRDRESSER**

18. Birthplace: **ST THOMAS**

19. Name and Surname: **SYDNEY MERCARDO DENT *****

GEORGIA NATALEE JOHNSON ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **MELBOURNE AVENUE**

SALT SPRING

(b) Town/Village: **SALT SPRING**

nil

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

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-NINTH OCTOBER, 2011**

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



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

