Registrar General's Department

Issue Date:
29th May, 2012

BIRTH REGISTRATION FORM

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

3. NO. **NZ 529** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FIRST FEBRUARY, 2012** 6. Sex: **MALE**

7. Name of Child: **MALIK KYMANI WILLIAMS *****

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

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **ALBERT TOWN**

(b) Town/Village: **nil** (c) Parish: **TRELAWNY**

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

15. Name and Surname: **SHARON JOY HUGHES *****

Maiden Name: **nil** 16. Age at time of birth: **37 YEARS**

17. Occupation: **HOUSEKEEPER** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname:	**SHARON JOY HUGHES *** **	**nil**
20. Qualification:	**MOTHER**	**nil**
21. (a) Residence:	**ALBERT TOWN**	**nil**
(b)Town/Village:	**nil**	**nil**
(c) Parish:	**TRELAWNY**	**UNKNOWN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SECOND FEBRUARY, 2012** **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 born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006

Yvette Scott