Issue Date:
2nd February, 2022

Department

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: MOUNT SALEM
2. PARISH: ST. JAMES
3. NO. NZ 968
4. Place of Birth: CORNWALL REGIONAL HOSPITAL
5. Date of Birth: TWENTY-FIFTH NOVEMBER, 2009
6. Sex: FEMALE
7. Name of Child: NATHANIA OMEISHA ***
8. Physician or registered midwife in attendance: NURSE M GRAHAM

FATHER

9. Name and Surname: OMAR ONEIL WATSON ***
10. Age at time of birth: 24 YEARS
11. Occupation: VENDOR
12. Birthplace: ST JAMES

MOTHER

13. (a) Residence: POTOSI
(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: NICKEISHA CHRISTINA JARRETT ***
Maiden Name: nil
16. Age at time of birth: 20 YEARS
17. Occupation: HOMEDUTIES
18. Birthplace: ST JAMES

INFORMANT(S)

19. Name and Surname: OMAR ONEIL WATSON *** NICKEISHA CHRISTINA JARRETT ***
20. Qualification: FATHER MOTHER
21. (a) Residence: POTOSI POTOSI
(b)Town/Village: JOHNS HALL JOHNS HALL
(c) Parish: ST. JAMES ST. JAMES

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: nil
24. Date: TWENTY-FIFTH NOVEMBER, 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