



Registrar General's Department

Issue Date:
3rd June, 2023

BIRTH REGISTRATION FORM

1. Birth in the district of: **LUCEA** 2. Parish: **HANOVER**
3. No. **MA 7330** 4. Place of Birth: **NOEL HOLMES HOSPITAL**
5. Date of Birth: **SEVENTH FEBRUARY, 2013** 6. Sex: **MALE**
7. Name of Child: **MENDEZE JORDY *****
8. Physician or registered midwife in attendance: **NURSE O NEMBHARD-FERRON**
9. Name and Surname: **MENDEZE McKENZIE ***** FATHER
10. Age at time of birth: **23 YEARS** 11. Occupation: **FARMER**
12. Birthplace: **HANOVER** MOTHER
13. (a) Residence: **ELGIN TOWN** (c) Parish: **HANOVER**
(b) Town/Village: **LUCEA** (b) Still-born: **nil**
14. No. of Children previously born to mother (a) Alive: **4**
15. Name and Surname: **MELISA SMITH ***** 16. Age at time of birth: **30 YEARS**
Maiden Name: **nil** 17. Occupation: **VENDOR** 18. Birthplace: **HANOVER**
INFORMANT(S)
19. Name and Surname: **MENDEZE McKENZIE ***** **MELISA SMITH *****
20. Qualification: **FATHER** **MOTHER**
21. (a) Residence: **GREEN ISLAND** **ELGIN TOWN**
(b) Town/Village: **nil** **LUCEA**
(c) Parish: **HANOVER** **HANOVER**
REGISTRAR'S CERTIFICATE
22. (a) Signed in my presence by said informant:
23. Witness: **nil**
24. Date: **EIGHTH 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

Charlton D. J. McFarlane

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Registrar General &
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL