Registrar General's Department

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: MOUNT SALEM

2. PAR

3. NO. NZ 7645

4. Place of Birth: CORNWALL REGIONAL HOSPITAL

5. Date of Birth: TWENTY-EIGHTH JUNE, 2011

6. Sex: FEM

7. Name of Child: CHARISA HAYLEY BOWEN ***

8. Physician or registered midwife in attendance: NURSE V LOWE-WINT

FATHER

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

10. Age at time of birth: nil

11. Occupation: nil

12. Birthplace: nil

MOTHER

(a) Residence: BARRETT TOWN

) Town/Village: LITTLE RIVER

(c) Parish: ST. J

. of Children previously born to mother (a) Alive: nil

(b) Still-born: nil

ne and Surname: TASANA SEREKE SUCKOO ***

Maiden Name: nil

16. Ag

ipation: HOMEDUTIES

18. Birthplace: ST JAMES

INFORMANT(S)

and Surname: TASANA SEREKE SUCKOO *** nil

fication: MOTHER nil

esidence: BARRETT TOWN nil

wn/Village: LITTLE RIVER nil

arish: ST. JAMES UNKNOWN

REGISTRAR'S CERTIFICATE

Signed in my presence by said informant:

Witness: nil

Date: TWENTY-EIGHTH JUNE, 2011 Signed by Registrar

Name if added after Registration of Birth

6. Name: nil

27. Authority: nil

28. Date Added: NIL

Last line of Vital Data

First Free Copy
as of January 1,
with a name at bi
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to sati

Yvette Scott