



Registrar General's Department

Issue Date:
7th August, 2025

BIRTH REGISTRATION FORM

1. Birth in the district of: **MOUNT SALEM** 2. Parish: **ST. JAMES**
3. No. **NZ 6441** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **TWENTY-SIXTH JUNE, 2013** 6. Sex: **MALE**
7. Name of Child: **ANDY ANTITONEY CODLING *****

8. Physician or registered midwife in attendance: **DOCTOR J GORDON**
9. Name and Surname: ********* 10. Occupation: **nil**
11. Birthplace: **nil** 12. Birthplace: **nil** 13. (a) Residence: **OCEAN HEIGHTS LILLIPUT** (c) Parish: **ST. JAMES**
(b) Town/Village: **LITTLE RIVER** (b) Still-born: **1**
14. No. of Children previously born to mother (a) Alive: **1**
15. Name and Surname: **SUEWAYNE ANTOINETTE WILLIAMS ***** 16. Age at time of birth: **21 YEARS**
Maiden Name: **nil** 18. Birthplace: **ST JAMES**
17. Occupation: **HOME DUTIES** 19. Name and Surname: **SUEWAYNE ANTOINETTE WILLIAMS *****
20. Qualification: **MOTHER** 21. (a) Residence: **OCEAN HEIGHTS LILLIPUT**
(b) Town/Village: **LITTLE RIVER**
(c) Parish: **ST. JAMES** 22. (a) Signed in my presence by said informant: _____
23. Witness: **nil** 24. Date: **TWENTY-SEVENTH JUNE, 2013** Signed by Registrar
NAME IF ADDED AFTER REGISTRATION OF BIRTH
26. Name: **nil** 28. Date Added: **NIL**
27. Authority: **nil**

Last line of Vital Data

Desmond Davis

Desmond Davis (Act.)

Registrar General &
Deputy Keeper of the Records
THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL