

Issue Date:
15th January, 2010

Registrar General's
Department
BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM**

2. PARISH: **ST. JAMES**

3. NO. **NZ 7411**

4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FOURTH FEBRUARY, 2009**

6. Sex: **MALE**

7. Name of Child: **JAYDEAN SHELDON *****

8. Physician or registered midwife in attendance: **NURSE S WALTERS-WALLACE**

9. Name and Surname: **GLENDON EDWARD HARVEY ***** FATHER

10. Age at time of birth: **47 YEARS**

11. Occupation: **RAMP ATTENDANT**

12. Birthplace: **HANOVER**

MOTHER

13. (a) Residence: **ROSEMOUNT GARDENS**

(b) Town/Village: **MOUNT SALEM**

(c) Parish: **ST. JAMES**

14. No. of Children previously born to mother (a) Alive: **2**

(b) Still-born: **nil**

15. Name and Surname: **DEBORAH ALISA HALL *****

Maiden Name: **nil**

16. Age at time of birth: **38 YEARS**

17. Occupation: **AIRCRAFT GROOMER**

18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname: **GLENDON EDWARD HARVEY *****

DEBORAH ALISA HALL ***

20. Qualification: **FATHER**

MOTHER

21. (a) Residence: **ROSEMOUNT GARDENS**

ROSEMOUNT GARDENS

(b) Town/Village: **MOUNT SALEM**

MOUNT SALEM

(c) Parish: **ST. JAMES**

ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FIFTH FEBRUARY, 2009**

Signed by Registrar

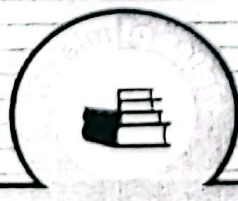
Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil**

28. Date Added: **NIL**

Last line of Vital Data



Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

