Registrar General's Department

Issue Date:
28th June, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 6103** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **FOURTH JUNE, 2006** 6. Sex: **MALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE Y PETERKIN**

FATHER

9. Name and Surname: **DWAYNE ERICK MOODIE *****

10. Age at time of birth: **22 YEARS** 11. Occupation: **MASON**

12. Birthplace: **SAINT JAMES**

MOTHER

13. (a) Residence: **PITFOUR**

(b) Town/Village: **GRANVILLE** (c) Parish: **ST. JAMES**

14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**

15. Name and Surname: **NICOLE NATASHA ELLIS *****

Maiden Name: **nil** 16. Age at time of birth: **18 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **WESTMORELAND**

INFORMANT(S)

19. Name and Surname: **DWAYNE ERICK MOODIE ***** **NICOLE NATASHA ELLIS *****

20. Qualification: **FATHER** **MOTHER**

21. (a) Residence: **PITFOUR** **PITFOUR**

(b)Town/Village: **GRANVILLE** **GRANVILLE**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FOURTEENTH JUNE, 2006** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **DEVON DAMAINE *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **NINETEENTH JUNE, 2006**

Last line of Vital Data

We aim to satisfy

Patricia P. Holness

Registrar General &

OUT OF MANY, ONE PEOPLE