



Registrar General's Department

Issue Date:
23rd October, 2024

BIRTH REGISTRATION FORM

1 Born in the district of **SPALDINGS** 2 Parish **MANCHESTER**
3 No **IAH 5413** 4 Place of Birth **PUBLIC GENERAL HOSPITAL SPALDINGS**
5 Date of Birth **FOURTH SEPTEMBER, 2009** 6 Sex **MALE**
7 Name of Child **ANDRE ADRIAN ROBINSON *****

8 Physician or registered midwife in attendance **NURSE C MENNEL** FATHER _____

9 Name and Surname _____

10 Age at time of birth **nil** 11 Occupation **nil**

12 Birthplace **nil** MOTHER _____

13 (a) Residence **SILENT HILL**

(b) Town/Village **nil**

(c) Parish **MANCHESTER**

14 No. of Children previously born to mother (a) Alive **1** (b) Still-born **nil**

15 Name and Surname **FEDORA FELECIA HOWARD *****

Maiden Name **nil**

16. Age at time of birth **20 YEARS**

17. Occupation **DOMESTIC**

18. Birthplace **MANCHESTER**

INFORMANT(S) _____

19 Name and Surname **FEDORA FELECIA HOWARD ***** **nil**

20 Qualification **MOTHER** **nil**

21 (a) Residence **SILENT HILL** **nil**

(b) Town/Village **nil**

(c) Parish **MANCHESTER** **nil**

REGISTRAR'S CERTIFICATE _____

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

23 Witness **nil**

24 Date **FOURTH SEPTEMBER, 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

Desmond Davis

Desmond Davis (Act)

Registrar General &
Deputy Keeper of the Records

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