

REPUBLIC OF  
TRINIDAD AND TOBAGO

CERTIFICATE OF BIRTH

Pin #: 8962688704

Given Name(s): ADIOLA SHEMIAH

Other Name(s): \*\*\*\*\*  
\*\*\*\*\*

Place of Birth: MT. HOPE MATERNITY HOSPITAL  
URIAH BUTLER HIGHWAY, CHAMPS FLEURS

Mother's Name: NYA MC HUTCHINSON

Mother's Former Surname: \*\*\*\*\*

Mother's Prev. Surname(s): \*\*\*\*\*

Occupation: CONTRACTOR

Informant's Name and Relationship to Child  
DEBBIE PATROVANIE-ARCHIBALD  
HOSPITAL CLERK I

Registration Date: 06TH NOVEMBER, 2012

Name of Registrar: GINELLE MAYNARD DEPUTY  
REGISTRAR

Date of Birth: 07TH AUGUST, 2012

Sex: FEMALE

Father's Name: \*\*\*\*\*

Occupation: \*\*\*\*\*

Informant's Name and Relationship to Child  
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Registration District: TOWN OF ST. JOSEPH

Entry No: 537

Notes:

GIVEN NAME INSERTED 23/05/2018

ISSUED UNDER MY HAND AND SEAL OF OFFICE ON  
03RD JULY, 2018