CERTIFIED COPY Pursuant to the Births and



OF AN ENTRY

Deaths Registration Act 1953

	Entry No. 16					
Registration district Liverpool	Adm	inistrative area				
Sub-district Liverpool Metropolitan District of Liverpool						
1. Date and place of birth Twenty-second August 2014 Liverpool Womens Hospital Liverpool	CHILD					
21 terpoor to mens Hospital Enverpoor						
2. Name and surname Gwendolyn Joy VIALS MOORE		3. Sex				
		Female				
4. Name and surname Adam VIALS MOORE	FATHER					
5. Place of birth	6. Occupation					
Inverness Scotland	Computer Engineer					
7. Name and surname Cora Ann Elain VIALS MOORE	MOTHER					
8.(a) Place of birth	8. (b) Occupation					
Wolverhampton West Midlands	Barrister at Law					
9.(a) Maiden surname VIALS	9. (b) Surname at marriage if differe	nt from maiden surname				
10. Usual address (if different from place of child's birth) 2 Coronation Drive Crosby Merseyside						
11. Name and surname (if not the mother or father)	INFORMANT 12. Qualification Mother					
13. Usual address (if different from that in 10 above)						
14. I certify that the particulars entered above are true	e to the best of my knowledge and belief					
Cora Vials Moore		Signature of informant				
15. Date of registration Twenty-ninth August 2014	16. Signature of registrar M Hills Deputy Registrar					
17. Name given after registration, and surname						

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Dearly

*Superintendent Registrar

*Registrar

*Strike out whichever does not apply

Date 29th Angust 2014