STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

ADOPTION

Particulars relating to CHILD

50. NAME a) as on birth certificate b) as chosen by adoptors	a) Kathleen Maxwell Kearney b)
51. Details from birth certificate a) Date of birth b) Day and time of birth c) Place of birth d) Mother's name e) Father's name	a) 22nd June 1971 b) 1603 hrs c) Bellshill Maternity Hospital, Bella d) Mary e) James

52. If BAPTISED. state Date ..... Not known ..... Place ..... Denomination .....

53. If child has been ADOPTED PREVIOUSLY. a) give details of previous order b) has child been given information regarding his birth parents.	Date Court a) b) Not applicable
54. If child is IN CARE, state a) date of R.I.C. b) Statute and Section c) which Adoption Case Committee considered application to adopt d) date of A.C.C.'s decision (Attach Extract)	a) 27th December 1972 b) Social Work(Scotland) Act 1968 Section 16 c) Barnardo's New Families Project d) Available from Barnardo's New Families Project, 227 Byres Road, Glasgow
55. Give details of any Court Order for Guardianship, custody or maintenance of CHILD	

56. Details of child's movements between birth and placement — with all relevant dates:

[illegible] 6 mths	With natural parents.
[illegible].12.72	Placed in Dykehead Children's Home, Strathaven
[illegible]. 3.73	Returned to natural parents, after children's home destroyed by fire.
5. 7.73	Placed with foster parents (M[redacted]
28.12.73	Placed in Dale House Children's Home, Lanark
Sept 1976	Transferred to Children's Home, 39 Station Rd, Carluke
10. 6.78	Placed with prospective adopters Mr & Mrs J Hickey

57. Date of placement with adopters:	10.6.78
58. Has the child any history of serious illness or of mental or physical disorder?	No
59. Any special comment on child's development or adjustment:	Well adjusted, intelligent child. Has been seen to flourish with prospective adopters.
60. Date of adoption medical report: Attach a copy of AAFA Form 'C' or Form 'D' if child is 2 years or over.	Adoption report completed and said to have been lost in post. Alternative in hand.

61. a) Blood Test
b) Test for Phenylpyruvic acid (if child is under 2 years)

	a) BLOOD TEST	b) PHENYLPYRUVIC
Date		
Place		
Result		

62. Name of Agency or Local Authority making arrangement for adoption :	Barnardo's New Families Project 227 Byres Road Glasgow
63. If adoption placement has not been made by Adoption Agency or Local Authority, state circumstances.	

Signed (I F Nelson)

Designation Adoption & Fostering Adviser

Address Regional Offices, Beckford St,

Hamilton, Lanarkshire

Date 9.

Telephone No. Hamilton 283223 Ext 193