

FORM No. 9

(See Rule 9)

GOVERNMENT OF ORISSA

DEPARTMENT OF HEALTH & FAMILY WELFARE

CERTIFICATE OF BIRTH issued under section 17 of the Registration of Births and Deaths Act, 1969



THIS IS TO CERTIFY THAT the following information has been taken from the original record of birth which is in the register for *the year 1986* of *Berhampur*... *taluk* *Namk Pali* of (local area) district *Saigama*... of State of Orissa.

Name *V. Rakesh Kumar*

Sex *Male*

Date of birth *24th Dec. 1986*

Place of birth *Christine in the P. Berhampur*

Name of father/mother *V. Brishanath*

Registration No. *6445/186*

Nationality of father/mother... *Indian*

Date of Registration *29th Dec. 1986*

Signature of issuing authority

REGISTRAR OF BIRTHS AND DEATHS

HEALTH OFFICER,

Seal

CAPACITY,

(GAMJAM)

Date *05th Sept. 1988*

Permanent address of father/mother

*Berhampur... Ganjam*