



REPUBLIC OF BOTSWANA
BIRTHS AND DEATHS REGISTRATION ACT, 1968
CERTIFICATE OF BIRTH
(Regulation 9)

1. Certificate Number **LB37/33173585/2025**
2. Registration Number **833721538**
3. Date of Birth **27th December 2025**
4. Place of Birth **Gaborone Private Hospital, Gaborone**
Gaborone District, Botswana
5. Name(s) **Kalia Yana Diphale**
6. Sex **Female**
7. Father's Name(s) and Surname **Tlanelo Titus Diphale**
8. Mother's Name(s) and Surname **Sharon Diphale**
9. Date of Registration **28th December 2025**

I hereby certify the above to be a true and correct extract from the Births Register kept at Gaborone in the Republic of Botswana.

Dated this **05th** day of **January, 2026**



Kesenyang Binda
Registration Officer / Registrar of Births and Deaths

