for			G
ertified u the Distric Fe	LRG. S. 1/09	3	No. of
Certified under the Births and Deaths Registration Ordinance for the District of	META HOSPITAL MBEYA	(2)	Where
	SAUDA .	(3)	Name if any
	FEMALE	(4)	Sex
	SHARIF SADIKI KAIJAGE	(5)	Name and Surname of father
	DREVER SHINYANGA	(6)	Father's occupation and residence
c (Cap. 108 of the Laws), to be a true copy of an entry in the register in my custody of Births OTH day of	TANZANIA	(7)	ather's
	FAUDHIA D/O VE	EN AN CE	Name and maiden name of mother
	HOUSEWIFE CHINYANGA	(9)	Mother's occupation and residence
	TANZANIA	(10)	Mother's Nationality
	AS PER APPLICATION WRITTING FORM IN OF DATED 10TH MAND SGD. BY FAU	PION IN BD 15A MAY 09 UDHIA	Signature, description and residence of informant
	7TH SEPTEMBER	1992 🗟	Date of Birth
	10TH MAY 2009	(13)	Date of registra- tion
	SGD. R.D. MANAN	NGA (2)	Signature of registering officer
	-	(15)	Baptismal name if added or altered after registration of birth