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No. of corry	Whore	Name if any	Sex	Name and surname of father	Father's occupation and residence	Futher's nationality	Name and maiden name of mother	Mother's occupation and residence	Mother's nationality	Signature, descrip- tion and residence of informat	Drie of birth	Date of registra-	Signature of registering officer	fisptional users if added or altered after melsuration of birth
25820/97	MUHIMBILI MEDICAL CENTRES DAR ES SALAAM	DAYANA	FEMALE	DANIEL SIDNEY NKOMA 6	CLERK MBAGALA MISSION DAR ES SALAAM	CITIZEN OF TANZANIA 3	GRACE D/O CORNEL LUAMBANG	TYPIST MBAGALA MISSION DAR ES SALAAM	CITIZEN OF TANZANIA	SGD. G.C. LUAMBANO MOTHER OF CHILD	SIXTEENTH DECEMBER 1997	SEVENTEENTH FEBRUARY 1998	SGD. C.O. KAISI	(15)

Certified under the Births and Deaths Registration Ordinance (Cap. 108 of the Laws), to be a true Copy of an entry in the register in my custody of Births for the District of ILALA in Tanzania. Dated this.......21st......day of......MAY..........19....98 fmn

Fee Paid Shs. 250/-

ASST.

Registrar-General of Births and Deaths