| Certified unde for the District of | 7163/2012 | (3) | of of cutty | THE UNI |
|---|---|------|---|---------------------------------|
| r the Bi | BUGANDO HOSPITAL NYAMAGANA | (2) | Where | ED REP |
| | ESTER | (3) | Name if any | THE UNITED REPUBLIC OF TANZANIA |
| | FEMALE | 3 | Sex | ZNA |
| | PHILIP MCHELE | (5) | Name and Surname of father | ANIA |
| | PGASANT MWANZA | (6) | Father's occupation and residence | |
| | TANZANIA | 9 | Father's Nationality | |
| | SOPHIA PATRICK NCHILL | (8) | Name and maiden name of mother | CERTIFICATE OF BIRTH |
| | PEASANT MWANZA | (9) | Mother's occupation and residence | ATE OF |
| | TANZANIA | (10) | Mother's Nationality | BIRTH |
| | SD) SOPHIA PATRICK MUHELI MUTHIEROF CHILD OF MWANZA | (10) | Signature, descrip- tion and residence of informant | |
| in the | FIFITH OCTOBER 2012 | (12) | Date of Birth | B |
| Sra President | NINGTH CCTOBER 2012 | (13) | Date of registra- | BB/No. |
| iter in my custody of Bighs 20 21 21 21 21 21 21 21 21 21 | S.M. MAKORY | (14) | Signature of registering officer | |
| | | (15) | Baptismal name if added or altered afte registration of birth | 1521906 |