

No. of entry	Where born	Name if any	Sex	Name and Surname of father	Father's Occupation and residence	Father's Nationality	Name and maiden name of mother	Mother's occupation and residence	Mother's Nationality	Signature, description and residence of informant	Date of Birth	Date of registration	Signature of registering officer	Baptismal name if added or altered after registration of birth
7934/2004	META MATERNITY HOSPITAL	SHYROSE	FEMALE	MICHAEL MAHANDE MABULA	DOCTOR SOMELO AREA MBEYA DISTRICT	CITIZEN OF TANZANIA	MARGRETH D/O NDATULU MWANILANGA	SECRETARY SOMELO AREA MBEYA DISTRICT	CITIZEN OF TANZANIA	SIGNED BY M.M. MWANILANGA MOTHER OF CHILD SOMELO AREA MBEYA DISTRICT	TWENTY FIFTH DECEMBER 2004	SEVENTEENTH FEBRUARY 2005	NTHANGU D.M.	(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 MBEYA.....day of FEBRUARY.....19 2005

[Signature]

DISTRICT REGISTRAR

DISTRICT REGISTRAR OF BIRTHS/DEATHS
MBEYA

Fee Paid Shs. 250/=