

D No 0520718

# CERTIFICATE OF BIRTH

UNITED REPUBLIC OF TANZANIA

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	Registration name if added or altered after registration of birth
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
KOLE HEALTH CENTRE DODOMA	MAYAN	FEMALE	OMARI SAID MUSSA	MEDICAL CELANG'OMBE AREA HOUSE NO. 273 DODOMA	CITIZEN OF TANZANIA	REHEMA D/O MADABA SAID		CITIZEN OF TANZANIA	SGD BY OMARI SAID MUSSA FATHER OF THE CHILD CELANG'OMBE AREA HOUSE NO. 273 DODOMA	23.4.1988	27.4.1988	<i>[Signature]</i> DISTRICT REGISTRAR DODOMA URBAN	

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 Birth  
Dated this.....5TH.....day of.....1988.....

District of.....DODOMA URBAN.....in Tanzania.

e paid Shs. 5/-

*[Signature]*  
District Registrar