

THE UNITED REPUBLIC OF TANZANIA

CERTIFICATE OF BIRTH

C No: 1000304553

No of	Where Born	Name if any	Sex	Name and Surname of Father	Father's occupations and residence	Father's nationality	Name and Maiden Name of Mother	Mother's occupations and residence	Mother's nationality	Signature, description and residence of informant	Date of Birth	Date of registra tion	Signature of registering officer	Baptisal name if added or altered after registration of birth	102
(i)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	The state of the s	(12)	(13)	(14)	(15)	
1002-404-465	MISSION MIKOCHENI HOSPITAL KINONDONI DAR ES SALAAM	RICHIE	MALE	SAIMON LAZARO NINDI	ACCOUNTANT KIWALANI ILALA, DAR ES SALAAM, TANZANIA	TANZANIA	ESTER NOEL MANDE	HOUSEWIFE KIWALANI ILALA, DAR ES SALAAM, TANZANIA.	TANZANIA	SGD EN MANDE MOTHER OF CHILD OF ILALA, DAR ES SALAAM, TANZANIA	FIFTH DECEMBER 2011	SEVENTH DECEMBER 2011	SGD. M. LING'ANDE	NONE	

Certified under the Births and Deaths Registration Act (Cap. 108 R.E. 2002), to be a true Copy of an entry in the register in my custody of Birth for the District of KINONDONI in Tanzania Dated this 9TH MARCI

for the District of

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