

UNITED REPUBLIC OF TANZANIA

CERTIFICATE OF BIRTH

B No

0367301

16406	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	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	
	LIGULA HOSPITAL MTWARA.	SHABANI	MALE	TWAHA ABDULRAHMANI MWACHANDE.	DEREVA. S.L.P. 6, MTWARA.	TANZANIAN.	AMINA RASHIDI NALIDI.	MAMA WA NYUMBANI. S.L.P. 6, MTWARA.	TANZANIAN.	SGD ON FORM BD 15 BY TWAHA ABDULRAHMANI MWICHANDE THE FATHER OF THE CHILD.	9/12/1998	10/10/2002.	V.H.C. NGAEJE.		

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 the District of MTWARA in Tanzania.

Dated this 10 TH. OCTOBER 19 2002

DISTRICT REGISTRAR

Paid Shs. 250/=

MCHAKI WA VIZAZI NA VITO MNYA

MTWARA