E UNITED REPUBLIC OF TANZANIA	EPUBLIC (OF T	ANZANIA		•	CERTIFICATE	E OF BIRTH	TH					
No. Where of 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
5	(2)	3	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(1) (2)	(2)	(4)	3	3	3						981		
OCEAN ROAD HOSPITAL DAR ES SALAAM	BARIKI	FEMALE	HAMISI HUSSEIN MCHANGILA	CLERK (POSTA) KINONDONI) DAR ES SALAAM	CITIZEN OF TANZANIA	BAHATI D/O MINJA	TYPIST KINONDONI DAR ES SALAAM	CITIZEN OF TANZANIA	SGD. H.H. MCHANGILA FATHER KINONDONI DAR ES SALAAM	FIFTEENTH FEBRUARY 1981	TWENTY FIRST FEBRUARY 198	SGD. C.J. D'COSTA	
Certified under the Births and the District of DAR. ES. SALAAM.	er the Birtl	Is and	d Deaths Registration Ordinance (Cap. 108 of the Da Da	stration Ord	inance (Ca	up. 108 of th	he Laws), to be Dated this	be a true	Copy of an entday of	ry in t	in the regis	ter in my c	a true Copy of an entry in the register in my custody of Births 23RD day of FEBRUARY 19.81
Fee paid Shs. 5/-	5/-						•	7		As	Agst. Di	Distrib Registrar	Strain T
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D Nº 142755