

THE UNITED REPUBLIC OF TANZANIA

CERTIFICATE OF BIRTH

B No.

0850196

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
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
16105	LIGULA HOSPITAL MTWARA	AHMADI	MALE	TWAHA ABDULRAHMAN MWICHANDE	DRIVER P.O. BOX 6, MTWARA	TANZANIAN	AMINA RASHIDI NARIDI	HOUSE WIFE P.O. BOX 6, MTWARA	TANZANIAN	SGD ON FORM BD 15 BY TWAHA ABDULRAHMAN THE FATHER OF THE CHILD	29 TH SEPTEMBER, 1992	11 TH FEBRUARY, 2002	Y. 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 for the District of MTWARA in Tanzania.

Dated this 11TH day of .. FEBRUARY, 19.. 2002

DISTRICT REGISTRAR

Fee Paid Shs. 250/=

