ee Paid Shs. 250/=

MESSALL DAY OF TO THE THE PERSON

DISTRICTUREGISTRAR

THE U	NITED I	REPUBLIC	COF	THE UNITED REPUBLIC OF TANZANIA		CH	CERTIFICATE	TE OF BIRTH	RTH					; i
No. of entry	Where	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)	(01)	3	(12)	(13)	(14)	(15)
16445	LIGULA HOSPITAL MTWARA	MOHAMEDI	MALE	HAMISI OMARI	POSTA P.O.BOX 33 MTWARA	TANZANIAN	FARIDA A. HAMISI	HOSEWIFE P.O.BOX 33 MTWARA	TANZANIAN	SGD ON FORM BD 15 BY HAMISI OMARI FATHER OF THE CHILD	25/2/1997	10/9/2002	Y.H.C. NGAEJE	
for the L	Certified und for the District of .	nder the Bir	rths a	and Deaths Rea	ths Registration C	ordinance (Cap.108 of	the Laws), to Dated this	to be a tr	ye copy of an entry in	ry in t	ne regis	n the register in my custon NOVEMBER #9 2002	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 District of MTWARA in Tanzania. Dated this day of NOVEMBER #9. 2002

B Nº 0357340