No. Where born	Name if any	Sex	Name and surname	Father's occupation	Father's	Name and maiden name	Mother's occupation	Mother's	Signature, descrip- tion and residence of	Dite of	Date of	Signature of
(1) (2)	(3)	3	(5)	(6)	3	(8)	9	CION	OD)	3	Mon	320000
	80)			WAMWILE			TD)			
BUGANDO HOSPITAL MWANZA	ABDON DAVID MAHIMBO	MALE	JOHN DAVID MAHIMBO	PEASANT MWANZA	TANZANIAN	IMMACULATE MOSES MWA	SECRETARY MWANZA	TANZANIAN	SGD.JOHN D.MAHIMBO FATHER OF THE CHILD MWANZA	SIXTH MAY 1974	21ST DECEMBER 1977	SGD.P.H.MALLYA
Certified under to for the District of Fee Paid Shs. 250/-	the Births MWANZA	and	Deaths Regista	Registration Ordinance (Cap. 108 of the Inzania.	ance (Cap.		he Laws), to b	be a true (a true Copy of an entry in the register in my custod 22ND day of FEBRUARY 192002	ntry in the FEBRUARY	e registo	e register in my custoo