Certified for the Dist	1677/2013	No. of entry	THE UNIT
under rict of Paid S	SOKOINE HOSPITAL	Where	ED REPU
the Births a L hs. 2,000/=	ALLY	Name if any	BLIC OF
and D	MALE	Sex .	TANZ.
eaths Regist	BAKARI ALLY GOMBE	Name and Surname of father	ANIA
ration Ordinance in Tanzania.	POSTER MCHINGA ROAD LINDI MUNICIPAL	Father's occupation and residence	
e (Cap.	TANZANIA	Father's Nationality	
108 of the I	FATUMA D/O SWALEHE	Name and maiden name of mother	CERTIFIC
Laws) Dated 1	PEASANT	Mo occupa resi	ATE
this	MCHINGA ROAD	Mother's cupation and residence	OF
THENTLETH MISAJILIWA	TANZANIA	Mother's Nationality	BIRTH
of an entry day of VIZAZINA LINIDI	AS PER BD5 SIGNED BY FATUMA SWALEHE OMARY MOTHER OF MCHINGA ROAD LINDI MUNICIPAL	Signature, descrip- tion and residence of informant	
in the	FIFTEENTH SEPTEMBER, 2013	Date of Birth	W
J.E.	TWENTIETH NOVEMBER.	Date of registration	B/N
Ster in my cust	EPIPHANIA G. MOSHA	Signature of registering officer	o. 111
stody of Births 20.13. EGISTRAR		Baptismal name if added or altered after registration of birth	6951