

FORM No. 5

See Rule - 13

GOVERNMENT OF ANDHRA PRADESH KAKINADA MUNICIPAL CORPORATION



MEDICAL & HEALTH DEPARTMENT

12990	CERTIF	CATE	OF	BIRTHNo. of Copies: 4
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(Issued under Section 12/17 of the Registration of Births and Deaths Act 1969 and Rules 8/13 of the Andhra Pradesh Registration of Births and Deaths Rules 1999)

This is to certify that the following information has been taken from the original record of birth which is the register for division of Municipal Corporation of Kakinada of East Godavari District of State Andhra Pradesh

Name :	. THATAVARTHI MEHER LALITHA			
Sex :	FEMALE			
Date of Birth :	02/08/1991 (ZERO TWO/ ZERO EIGHT/ ONE NINE NINE ONE)			
Place of Birth :	. D.NO. 64-6-6/B BANGARU VARI STREET, KAKINADA			
Name of the Mother :	THATAVARTHI RAMADEVI			
Name of the Father :	THATAVARTHI MEHER PRASAD			
Address of the parents at the time of Birth of Child Permanent Address of Parents. D.NO. 64-6-6, BANGARU VARI STREET, WARD.NO.44, KAKINADA, E.G.DIST.				
Registration No	Date of Registration 22/05/2013			
Remarks.				
Prepared by A. S. S. W. (0/6/13) Sub-Registrar	Dy. Statistical Officer. Asst. Statistical Officer. MUNICIPAL CORPORATION KAKINADA			
Date of issue :	Seaf:			

Ensure registration of every birth and death