



CERTIFIED COPY OF REGISTRATION OF BIRTH

19	No.	DISTRICT OF
Date and Place of Birth		
Christian Name(s)		Sex
FATHER— Name, Surname, Age and Birthplace Occupation		
MOTHER— Name, Surname, Maiden Surname, Age, and Birthplace		
Year of Present Marriage		
Number of Previous Issue { Living Deceased		
Signature, Description and Residence of Informant		
Signature of Registrar		
Date of Registration		
(For official use only)		

Entered at the District Registry Office, this

District Registrar

I, _____, Deputy Registrar
of Births, Deaths, and Marriages for the Coast Province of Kenya, do
hereby certify that the above is a true copy of the entry recorded in
the Birth Register of this Province, Book _____, Page _____.
Given under my Hand and Seal of Office this