Form No.5



GOVERNMENT OF ANDHRA PRADESH



MEDICAL & HEALTH DEPARTMENT

BIRTH CERTIFICATE

Issued under Section 12/17 of the Registration of Birth and Deaths Act, 1969 read With Rule 8/13 of the Andhra Pradesh Registration of Birth 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 (Local Area/Local Body) <u>BUCHIREDDYPALEM GRAMPANCHAYATof/Mandal_BUCHIREDDYPALEM</u> of District S.P.S.R NELLORE of Andhra Pradesh.

Name	•	SHAIK MADEEHA
Sex	: • •	FEMALE
Date of Birth	•	21-09-2013
Place of Birth	•	MAMATHA NURSING HOME BUCHIREDDYPALEM
Name of Mother	:	SHAIK HAFEEZA
Name of Father	•	SHAIK SALEEM

Address of the Parents at the time of Birth of Child Khajanagar, Buchireddypalem Mandal Sri Potti Sri Ramulu Nellore District. Permanent Address of Parents Khajanagar, Buchireddypalem Mandal Sri Potti Sri Ramulu Nellore District.

Registration No.:837Date of Registration:23-09-2013Remarks:-

Date of Issue

11-11-2013

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Secretary to Gram Panchal/ع And ۲۰٫۷۰ هم ۱۹۹۳ Buchireddypalem Gram Panchayat Buchireddypalem Mandal Srl Potti Sriramulu Nellore Dist, A.P. State India

