

Form No. 5

(See Rule 8)



**BIRTH CERTIFICATE**

(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of birth which is the register for (Local Area) Chongkham.....  
Of Tehsil Chongkham..... of District Lehit.....  
of State Andhra Pradesh.....

Name Nang Silakani Namechoon

Sex Female

Date of Birth 20th September 1987

Place of Birth Chongkham

Name of Father Chow Cheyer Namechoon

Name of Mother Nang Feustin Namechoon

Registration No. CKM-1851

Date of Registration 20th January 2003

Date : 20.01.2003

MITO DIREHDE-O.  
Signature of Issuing Authority  
20/1/03

**REGISTRAR**  
**BIRTHS & DEATHS**  
**Chongkham**  
**Lehit District: (A.P.)**