



GOVERNMENT OF ANDHRA PRADESH, INDIA  
MEDICAL & HEALTH DEPARTMENT



TAHSILDAR OFFICE, XXXXXX

BIRTH CERTIFICATE

(Issued under Section 12/17 of the Registration of Births & Deaths Act 1969 & Rules 8/13 of the Andhra Pradesh registration of Births & Deaths rules 1999)

This is to certify that the following information has been taken from the Original record of Birth, which is in the register for (local area) XXXXXXX village of XXXXXX Mandal of **Krishna** District of State **Andhra Pradesh, INDIA.**

Surname/Family Name	VEMULA
Given Name/First Name	Srikanth Reddy
Sex	Male
Aadhaar No	0000 1111 2222
Date of Birth	January 2 <sup>nd</sup> 1993 (Saturday)
Place of Birth	XXXXXX
Country of Birth	India
Name of Mother	VEMULA Narayana Reddy
Name of Father	VEMULA Lakshmi
Date of Registration	January 7 <sup>th</sup> 1993 (Thursday)
Registration Details	
Registration No	XX
File No	XXXXX
Page No	Xxxxx
Address of parents at the time of birth of child	H.NO: XXXXXX, XXXXXX Village, XXXXXX Mandal, Krishna (Dist), Andhra Pradesh, INDIA. PIN: 51XXXX
Permanent address of Parents	H.NO: XXXXXX, XXXXXX Village, XXXXXX Mandal, Krishna (Dist), Andhra Pradesh, INDIA. PIN: 51XXXX

Issuing Authority

Office Seal/stamp should be  
In English

MRO/Issuing Authority  
Stamp/Seal should be in  
English and should include  
His name below his signature

Date of Issue: **August 30, 2013**