



REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF BIRTH

T1125443D



BIRTH REGISTRATION No.

CHILD'S PARTICULARS	Birth Registered at RAFFLES HOSPITAL PTE LTD, SINGAPORE		
	Full Name MUN XUAN HUI 文 媛 慧		
	Sex FEMALE	Date of Birth 02/09/2011	Time of Birth 1640 Hours
	Place or Address of Birth RAFFLES HOSPITAL PTE LTD, SINGAPORE		
MOTHER'S PARTICULARS	Name FU SHIJIE		Date of Birth 20/03/1981
	NRIC / Identification Document No. S/PINK S8108691E	Race CHINESE	Dialect Group HOKKIEN
	Nationality SINGAPORE CITIZEN	Country of Birth SINGAPORE	
	Address 17 RIVERINA VIEW SINGAPORE 518369		
FATHER'S PARTICULARS	Name MUN WIN CHOY		
	NRIC / Identification Document No. S/PINK S7318898I	Race CHINESE	Dialect Group CANTONESE
	Nationality SINGAPORE CITIZEN	Country of Birth SINGAPORE	
	Name MUN WIN CHOY		
INFORMANT'S PARTICULARS	NRIC / Identification Document No. S/PINK S7318898I	Relationship FATHER	
	Address 17 RIVERINA VIEW SINGAPORE 518369		
	FOR OFFICIAL USE THE CHILD IS A CITIZEN OF SINGAPORE AT THE TIME OF BIRTH		

I certify that the above information given by me is correct.

Informant's Signature or Thumb Impression

06/09/2011

Date

CHRISTINA PANG

for Registrar of Births and Deaths

06/09/2011

Date



REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF BIRTH

T1731607E

BIRTH REGISTRATION No.

CHILD'S PARTICULARS	Birth Registered at RAFFLES HOSPITAL PTE LTD, SINGAPORE		
	Full Name MUN GUO RONG 文國榮		
	Sex MALE	Date of Birth 21/10/2017	Time of Birth 0528 Hours
	Place or Address of Birth RAFFLES HOSPITAL PTE LTD, SINGAPORE		
MOTHER'S PARTICULARS	Name FU SHIJIE		Date of Birth 20/03/1981
	NRIC/ Identification Document No. S/PINK S8108691E	Race CHINESE	Dialect Group HOKKIEN
	Nationality SINGAPORE CITIZEN	Country/Place of Birth SINGAPORE	
	Address 17 RIVERINA VIEW SINGAPORE 518369		
FATHER'S PARTICULARS	Name MUN WIN CHOY		
	NRIC/ Identification Document No. S/PINK S73188981	Race CHINESE	Dialect Group CANTONESE
	Nationality SINGAPORE CITIZEN	Country/Place of Birth SINGAPORE	
	Name MUN WIN CHOY		
INFORMANT'S PARTICULARS	NRIC/ Identification Document No. S/PINK S73188981		
	Relationship FATHER		
	Address 17 RIVERINA VIEW SINGAPORE 518369		
	FOR OFFICIAL USE THE CHILD IS A CITIZEN OF SINGAPORE AT THE TIME OF BIRTH		

I certify that the above information given by me is correct.

Informant's Signature or Thumb Impression

26/10/2017
Date

NURSURYANI BINTE JAMAL
for Registrar of Births and Deaths

26/10/2017
Date