Royal Air Maroc

FICHE MEDICALE D'ADMISSION

☐ ADHERENT ☐ CONJOINT ☑ ENFANT

Photo

Nom : Jassim Al Kaabi Prénom : Laila

Matricule : 8836 Date de naissance : 10/05/05 Sexe : F

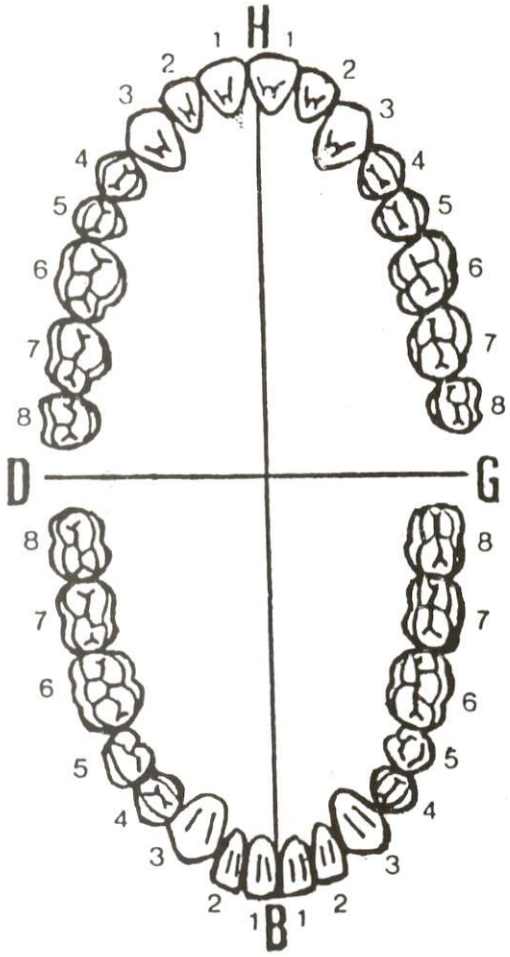
Date 05/07/21 Médecin

Ex. clinique : Poids .....
Coeur .....
T. A. .....
Ap. resp. .....
Ap. dig .....

Urines A .....
S .....
Hernies .....
Râte .....
Varices .....
Réflexes .....

Ex. complémentaires : .....

Antécédents : .....



VISITE D'ADMISSION - CONTROLE DENTAIRE

OBSERVATIONS:.....

Dates	Actes	Observations

Mme AMRANI HASNA - PNC Mle : 8836

LF 1790

CF

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

121 - STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

CHILD

1. CHILD - NAME (FIRST): Laith (MIDDLE): Jasim (LAST): Al-Kashash (SUFFIX):

2. SEX: Male

3a. PLURALITY - Single, Twin, Triplet, etc. (Specify): Single

3b. IF NOT SINGLE BIRTH - First Second, Third, etc. (Specify):

4a. DATE OF BIRTH (Month, Day, Year): May 10, 2005

4b. TIME OF BIRTH: 1:48 A M

PLACE

5a. HOSPITAL NAME - (If not hospital, give Street and Number): Oakwood Hospital

5b. CITY, VILLAGE, OR TOWNSHIP OF BIRTH: Dearborn

5c. COUNTY OF BIRTH: Wayne

MOTHER

6a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last): Hasnaa Amrani

6b. MOTHER'S FULL NAME BEFORE FIRST MARRIED (First, Middle, Last): Hasnaa Amrani

6c. STATE OF BIRTH - NAME COUNTRY IF NOT USA: Morocco

6d. DATE OF BIRTH (Month, Day, Year): Sep 15, 1968

6e. RESIDENCE - CITY, VILLAGE, OR TOWNSHIP (Check one box and specify): [X] INSIDE CITY OR VILLAGE OF [ ] TWP. OF Troy

6f. COUNTY: Oakland

6g. STATE: Michigan

FATHER

7a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last): Jasim Salah Al-Kashash

7b. STATE OF BIRTH - NAME COUNTRY IF NOT USA: Kuwait

7c. DATE OF BIRTH (Month, Day, Year): Aug 28, 1969

INFORMANT

8a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
SIGNATURE: (PARENT OR OTHER INFORMANT)

8b. THE PARENT(S) REQUEST THAT INFORMATION ON THIS BIRTH BE RELEASED TO THE SOCIAL SECURITY ADMINISTRATION FOR ISSUANCE OF A SOCIAL SECURITY NUMBER AND CARD.
[X] Yes [ ] No

CERTIFICATION

9a. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.
SIGNATURE: Cynthia R. Wood DATE: 5.11.05

9b. CERTIFIER'S NAME & TITLE (print or type): Cynthia R. Wood, M.S.

0003322

REGISTRAR

10a. REGISTRAR'S SIGNATURE: Kathleen Ruhe

10b. DATE FILED BY LOCAL REGISTRAR (Month, Day, Year): MAY 20 2005

DCH-0481 (2/04) MCDH

CITY OF DEARBORN MICHIGAN SETTLED 1786 HOME TOWN OF HENRY FORD

State of Michigan)
County of Wayne) ss.
City of Dearborn)

I do hereby certify that this document is a true copy of the record on file in this office.

MAY 23 2005
DATE

REGISTRAR