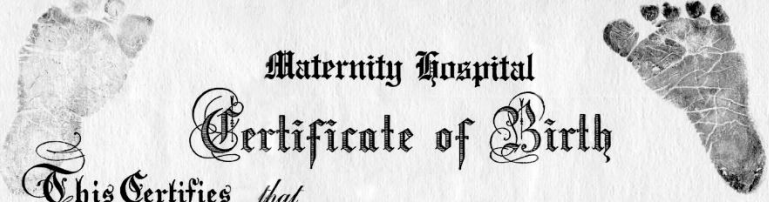


Maternity Hospital  
Certificate of Birth

This Certifies that \_\_\_\_\_  
was born to \_\_\_\_\_  
in this Hospital at \_\_\_\_\_  
the \_\_\_\_\_ day of \_\_\_\_\_ A. D.

In Witness Whereof the said Hospital has \_\_\_\_\_



Pick a number.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>
<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>

# 1. What is your name?





2.How old are you? When is your birthday?



# 3. Where are you from?



# 4. Why do you want to learn English?





# 5. Where do you live?



# 6. Do you have any pets?

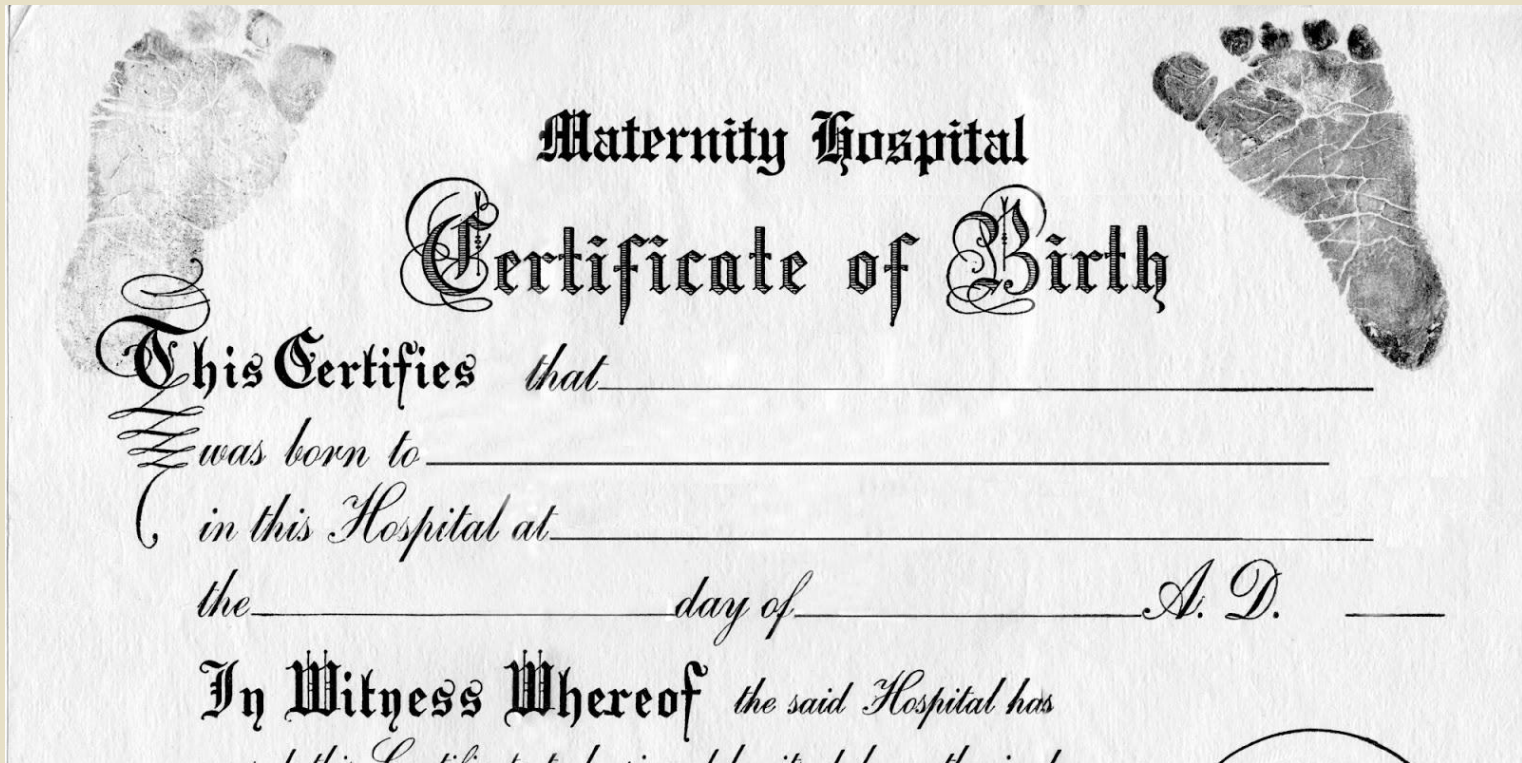




# 7. What is your nationality?



# 8. Where were you born?

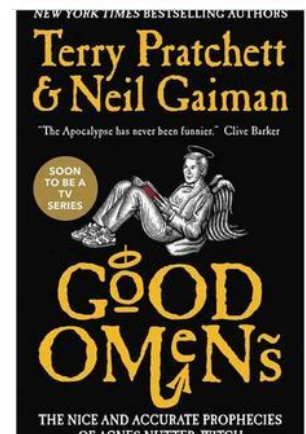
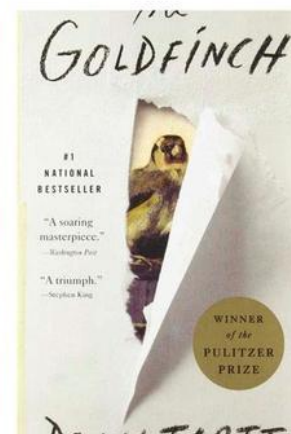
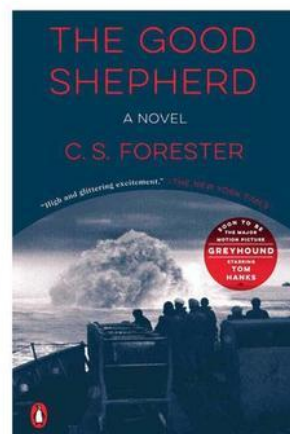
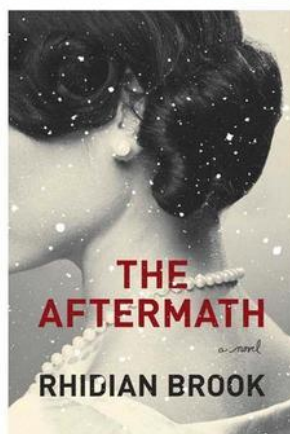
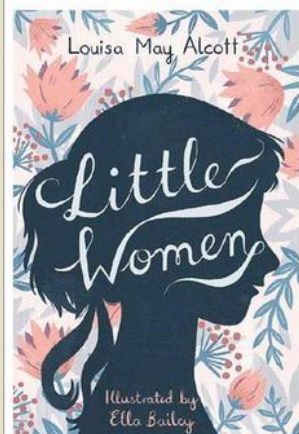
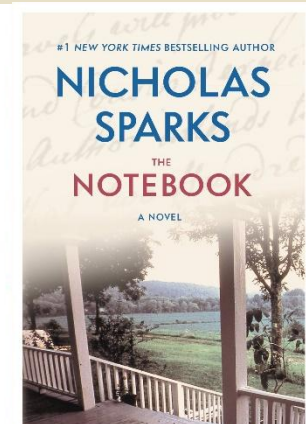
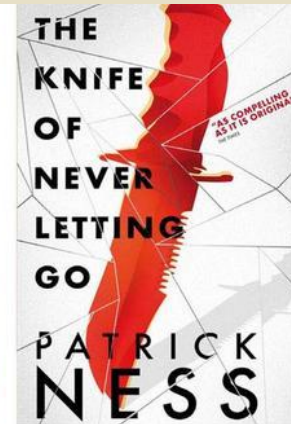
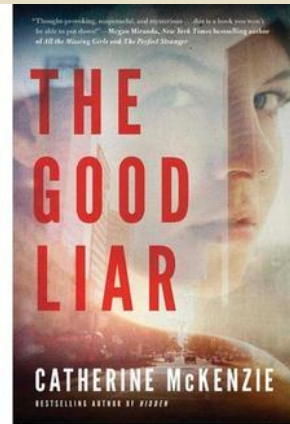
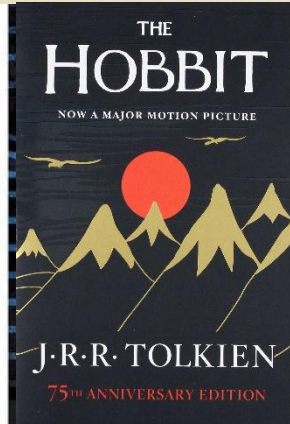
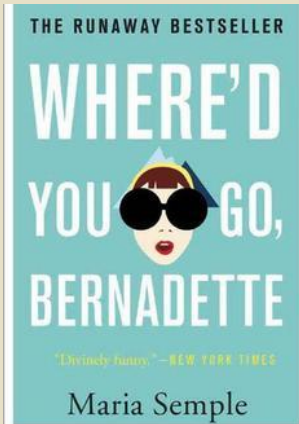


# 9. What is your favourite movie?

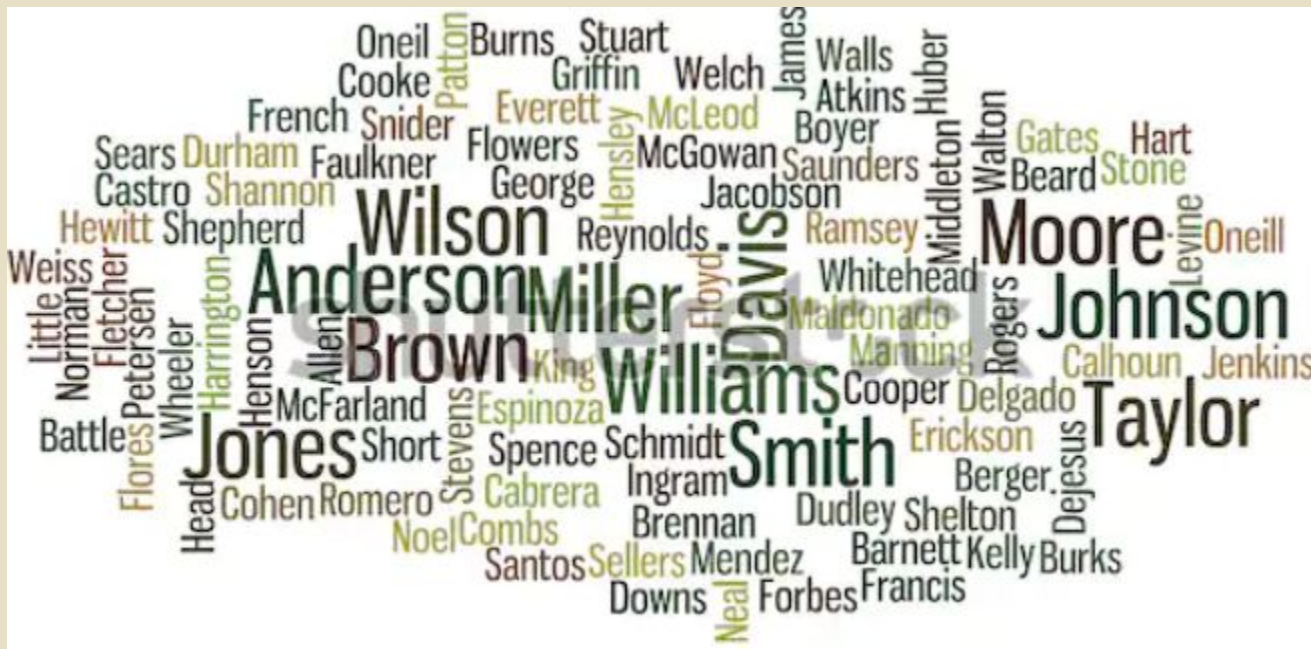




# 10. What is the name of the last book that you read?



# 11. What is your last name?



## 12. What do you do?





13. Do you have any brothers or sisters?



# 14. What are your hobbies?



15. What was the last goal that you achieved?





# 16. What type of transportation have you used before?



# 19. What is your favourite food?





# 17. What food have you never tried? Why?





18. Do you like music? What genre do you prefer?



20. Do you practice any sports?

