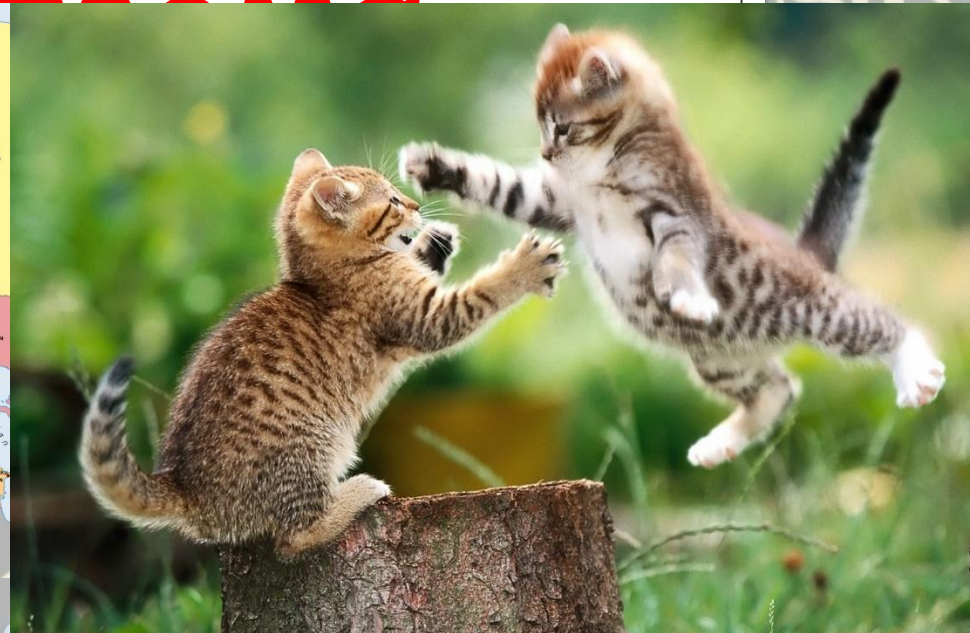


Maternity Hospital
Certificate of Birth

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?



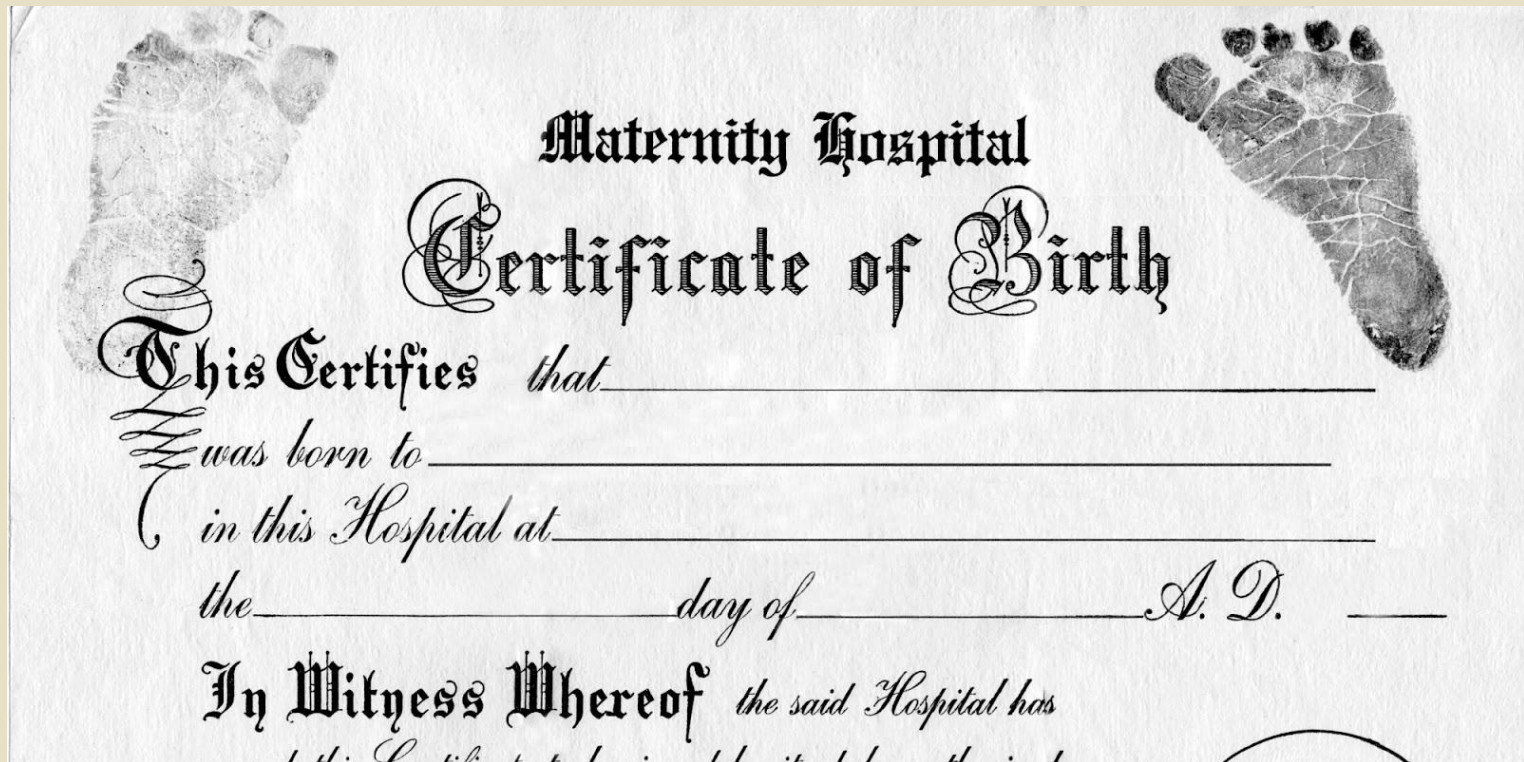
6. Do you have any pets?



7. What is your nationality?



8. Where were you born?



Maternity Hospital
Certificate of Birth

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

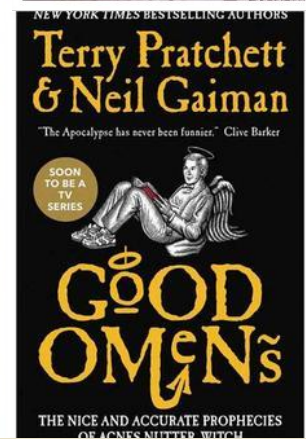
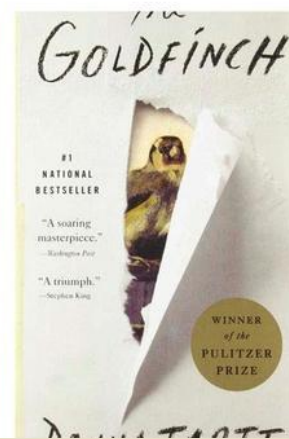
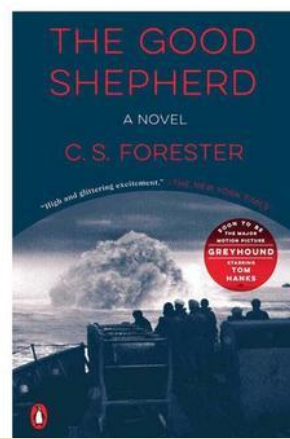
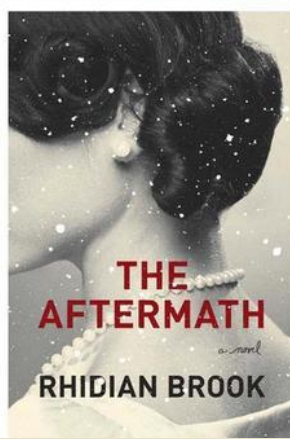
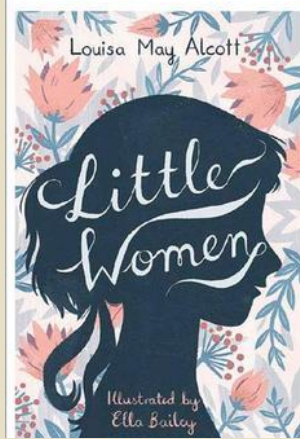
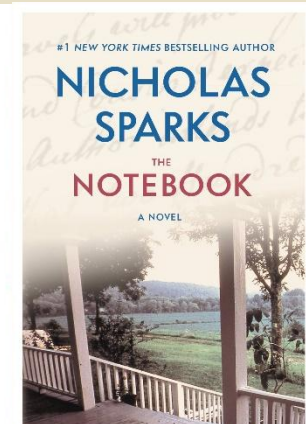
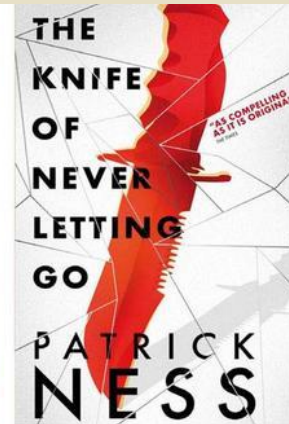
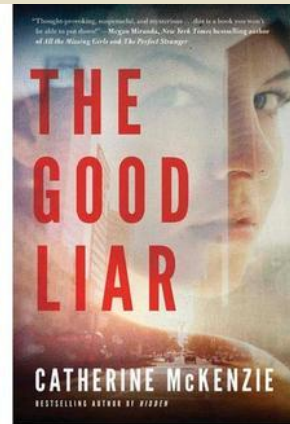
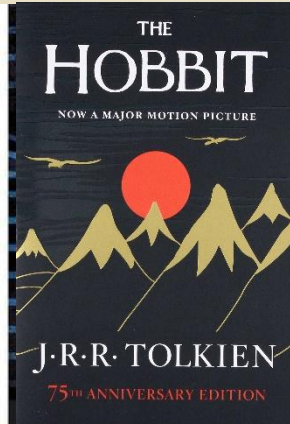
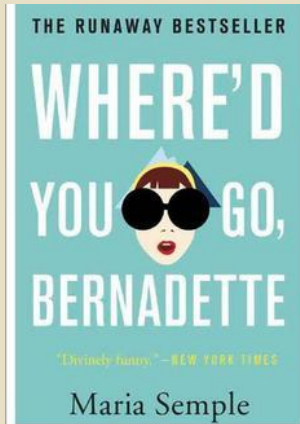
In Witness Whereof *the said Hospital has*



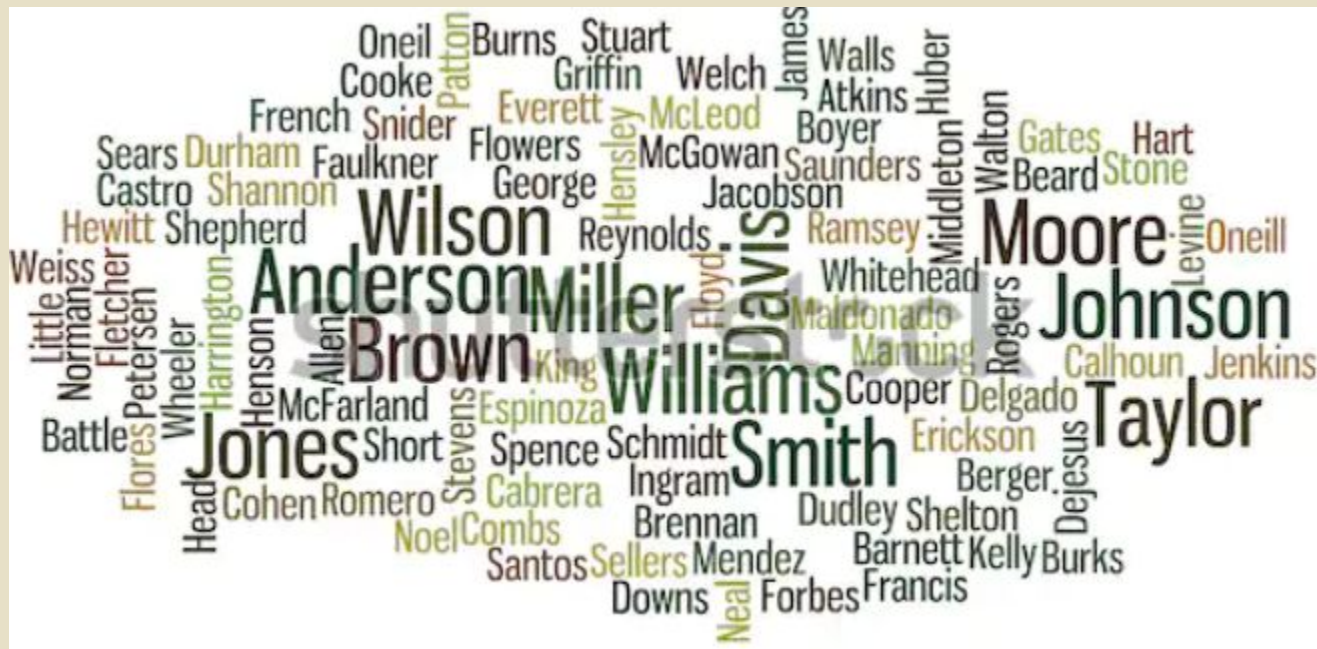
9. What is your favourite movie?



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?

