



Form B.2

Caution: Any person who (1) falsified any of the particulars on this certificate or (2) uses a falsified certificate as true knowing it to be false is liable to prosecution

ORIGINAL

FEDERAL REPUBLIC OF NIGERIA
NATIONAL POPULATION COMMISSION

Certificate of Birth

Registration Centre

TOWNSHIP

CLINIC

GWAGWALADA

Locality

GWAGWALADA

L.G.A

GWAGWALADA

State

FEDERAL CAPITAL

TERRITORY

Certificate ID



FCT/310/002/02835386

This is to certify that the births, details of which are recorded herein has been registered on

04-12-2025

dd/mm/yyyy

at this registration centre: TOWNSHIP CLINIC

GWAGWALADA

Full Name:

HAYAT MICHAEL OLUWAFEMI MOHAMMED

Sex: MALE

Date of

03-10-2008

Birth:

dd/mm/yyyy

Place of Birth: HOSPITAL

Locality of Birth: GWAGWALADA

Full Name of

ALLAN LESLIE

Mother:

Full Name of Father:

YUSUF HAYAT

Place of Issue: TOWNSHIP CLINIC

PATIENCE ALADI OBI

GWAGWALADA

Name of Registrar

Date: 05-12-2025

Signature of Registrar

NATIONAL REGISTRATION

a66511a0-86c2-4320-b933-26b3ff6de067