



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 **DAGIRI HEALTH
CENTER**
Locality **GWAGWALADA**
L.G.A **GWAGWALADA**
State **FEDERAL CAPITAL
TERRITORY**

Certificate ID



FCT/310/010/02739667

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

17-07-2025

dd/mm/yyyy

at this registration centre: **DAGIRI HEALTH
CENTER**

Full Name: **MUHAMMAD KHADIJAT**

Sex: **FEMALE**

Date of Birth: **25-01-2009**

dd/mm/yyyy

Place of Birth: **HOSPITAL**

Locality of Birth: **GWAGWALADA**

Full Name of Mother: **MUHAMMAD AMINA**

Mother: **MAMMAN JIYA**

Full Name of Father:

Place of Issue: **DAGIRI HEALTH
CENTER**

HALIMA YAKUBU OYIBO

Name of Registrar

Date: **17-07-2025**

Signature of Registrar

NATIONAL REGISTRATION

f0b423ff-e27c-460a-beba-bf5629a8cb02

NBC-092721544