BENUE STATE

MAKURDI LOCAL GOVERNMENT COUNCIL

HEALTH DEPARTMENT

Native Birth Register for MLGC/315 Volume 93 Form K (B)

Births and Deaths Ordinance 1917

Birth Certificate

Registration Number	417/96
Date of Birth	15TH FEB.1995
Place of Birth	MADONNA HOSP. MAKURDI
Sex of Child	MALE
Full Name of Child	DANIEL ADAJI SAMUEL
Name if added after Registration of Birth	
Date of Registration	4TH OCT. 1996
Full Name of Father	SAMUEL IDOKO ADAJI
Nationality or Tribe of Father	NIGERIAN/IGALA
Full Maiden Name of Mother	OJOCHIDE ALIFA
Age of Mother	30 YEARS
Nationality or Tribe of Mother	NIGERIAN/IGALA
Rank or Occupation and Address of Father	BANKER
Signature, relationship, if any and address of Informant	S.I.ADAJI(FATHER)CBN MAKURDI
Signature of Registrar or Health Officer	C.S.ABAH(ACEHO)

Certified to be true copy of entry in the Native [illegible] Register No. [illegible] S.A.SAMUEL

Given at MAKURDI this 4TH day of OCT. 19 96

C.S.ABAH

Registrar/Health Officer

REGISTRAR HEALTH OFFICER
Makurdi Local Govt