



Form B.2

FEDERAL REPUBLIC OF NIGERIA
NATIONAL POPULATION COMMISSION

CERTIFICATE OF BIRTH No. 66452

Issued under the Births and Deaths (Compulsory Registration) Decree 1979

Registration Centre O.L.A HOSPITAL

Certificate Number :

Town/Village: JOS

II 189 1670
Volume Year Entry No.

L.G.A. JOS

State PLATEAU

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

27
Day

9
Month

1989
Year

at this Registration Centre

1. Full Name: SATIH WILUANGANI
(Surname first) (in block letters)

2. Sex: FEMALE

3. Date of Birth: 21 9 1989
Day Month Year

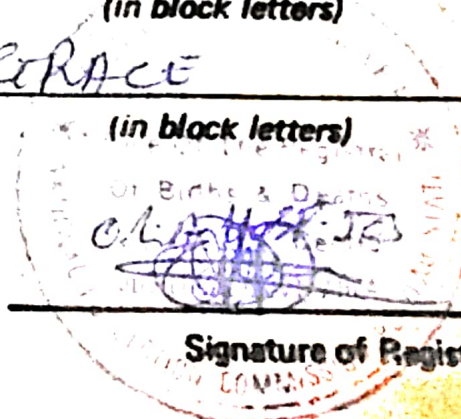
4. Place of Birth: O.L.A HOSP. JOS Town/Village

5. Full name of Father: CHIAHEMEN SATIH
(Surname first) (in block letters)

6. Full name of Mother: SATIH ERACE
(Surname first) (in block letters)

Place of issue: O.L.A HOSPITAL

Date: 27-9-89



Signature of Registrar