

FEDERAL REPUBLIC OF NIGERIA NATIONAL POPULATION COMMISSION LIVE BIRTH REGISTRATION (FORM B.1) (All Entries in Block Letters)

BIRTH CERTIFICATE No.		
ration Centre Birth Register Volume		
/Town Entry Number		
Government Area Date of Registration		
	Day Mo	onth Year
PARTICULARS OF CHILD		FOR OFFICIAL
Name of Child (Surname First)		USE ONLY
Date of Birth Day Month Year (a) Place of occurrence: Maternity Home/Hospital/At Home/Traditional Doctor's Place of occurrence: Maternity Home/Hospital/At Home/	lace	
Others ————		
(b) Village/Town (in Registration Area)		
Type of Birth: Single/Multiple 6. Birth Order		
	Phone No.	
	7 110110 1101	
Address of Social Flace of Residence	National ID	у.
Age at Birth of Child:		
Marital Status: Single/Married/Separated/Divorced/Widowed		
Nationality: Nigerian/Non Nigeria		
If Nigerian (a) State of Origin (b) Ethnic Origin	25	
(a) Literate/Illiterate (b) If Literate, Level of Education —	w.	
Occupation		
PARTICULARS OF FATHER		
Name in Full (Surname First)	Phone No.	
	-	
(b) Occupation ————————————————————————————————————		
Relationship to child		
Full name (Surname First)	Phone No.	
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	PARTICULARS OF CHILD Name of Child (Surname First) Date of Birth Day Month Year (a) Place of occurrence: Maternity Home/Hospital/At Home/Traditional Doctor's POthers (b) Village/Town (in Registration Area) Type of Birth: Single/Multiple PARTICULARS OF MOTHER Name in Full (Surname First) Address of Usual Place of Residence Age at Birth of Child: Martial Status: Single/Married/Separated/Divorced/Widowed Nationality: Nigerian/Non Nigeria If Nigerian (a) State of Origin PARTICULARS OF FATHER Name in Full (Surname First) Address of Usual Place of Residence PARTICULARS OF FATHER Nationality: Nigerian/Non Nigeria If Nigerian (a) State of Origin PARTICULARS OF FATHER Name in Full (Surname First) Address of Usual Place of Residence AgeYear 18. Nationality: Nigerian/Non Nigeria If Nigerian (a) State of Origin (b) Ethnic Origin (c) PARTICULARS OF INFORMANT Relationship to child	PARTICULARS OF CHILD Name of Child (Surname First) Date of Birth Day Month Year (a) Place of occurrence: Maternity Home/Hospital/At Home/Traditional Doctor's Place Others