

FEDERAL REPUBLIC OF NIGERIA

Certificate of Live Birth

Local Government IKE DURU State IMO

1. Name AMADI CHISOM FAVOUR

2. Sex FEMALE

3. Date of Birth 31st Day of MAY 2003

4. Place of Birth OYIGBO, RIVERS STATE

5. Name of Clinic / Hospital JOZEN CLINIC Local Govt. OYIGBO State RIVERS

6. Father's Name Mr Stanley Amadi Nationality Nigerian Religion Christian

7. Mother's Name Mrs Nonye Amadi Nationality Nigerian Religion Christian

CERTIFICATE OF ATTENDANT OF BIRTH

I hereby Certify that I attended the birth of the Child who was born at 6:07 am/pm.
On the date stated above. Wt: 3.2 kg

Signature [Signature] Address JOZEN CLINIC
Name in Print SIP JOHN M EKE 21B LOCATION ROAD OYIGBO R/S
Title or Position DIRECTOR Date 8 September 03

INFORMANT:

Signature [Signature] Address # 22 UGOMA STREET
Name in Print Nonye Amadi
Relationship to Child Mother Date 8 September 03