

**AMINU KANO TEACHING HOSPITAL,
KANO.**



Certificate of Birth

Surname:..... First Name:.....

Sex:..... Birth Weight.....

Date of Birth:..... Time:.....

Apgar Score: 1min..... 5mins.....

Method of Deliver:.....

Delivered by:.....

Mother's Name:.....

Father's Name:.....

Address:.....

.....
Matron In-Charge
Labour Ward

.....
Head of Department
Obst. Gynaecology

Date Certificate Issued:.....20.....