

FORM B1

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)
[ACKNOWLEDGEMENT OF BIRTH] NOTIFICATION (FOR PARENTS)

4241796

Serial No. B1.AA

1. NAME		2. DATE OF BIRTH	
First name	Other name	Day	Month
ANDRIAN	BARTUIYOT	20	04
		Year	
		2024	
3. SEX*	4. TYPE OF BIRTH*	5. NATURE OF BIRTH*	
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/>	Born Alive <input checked="" type="checkbox"/> Born Dead <input type="checkbox"/>	
7. PLACE OF BIRTH			
Sub-county			
TENWEK HOSPITAL			
8. NAME OF MOTHER		Father's name	
First name	Middle name		
MERCY	CHEPKOSGEI		
NOTIFICATION ISSUED TO BARTUIYOT GIDEON		ID No. 2868874	