

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)

ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)

Serial No. B1 AB 7355109

1. NAME		2. DATE OF BIRTH	
ABDIRAHMAN	IBRAHIM	JIRMA	01 12 2023
First name	Middle Name	Father's name	Day Month Year
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"/>	
OUTSPAN HOSPITAL			
7. PLACE OF BIRTH		1. HTERI CENTRAL.	
Sub-location of Estate and Town of health institution		Sub-County	
8. NAME OF MOTHER		FATHER'S NAME	
HABIBA SHUNA ODHA			
First name Middle name		Father's name	
NOTIFICATION ISSUED TO HABIBA SHUNA ODHA.		ID No. 31420252 Date 02/12/2023	

Note.— To obtain a birth certificate, present this notification to the Sub-County Registrar of Births where this birth occurred