REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149) ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS 14141414

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S	erial No. B1 AA				[0रेड ठ	290
1.	NAME	KIBET	LANGA	2. DATE O	F BIRTH	2023
	First name	Other name	SE Father's name	Day	Month	Year
3.	SEX*	4. TYPE OF BIRTH*	Other, specify	5. N. TUR	E OF BIRTH*	
	Male Female	Single V Twin	M.R. Shah Hospital	Born Alive	V Born De	ad
7.	PLACE OF BIRTH MP SHAH HOCPITAMEENITY WARD MASCILA NDS Sub-location or Estate and Town or health institution. 1407-00800 NA					
8.	NAME OF MOTHER	HARDETT	CHEPROECH			
	First name		Middle name	Father's name		
NC	OTIFICATION ISSUED TO	LAHGE	CHARLES ID	No2	-839	16056