

MEDINA HOSPITAL LTD
OX 126-7 100, G.
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REPUBLIC OF KENYA

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

3704865

Serial No. BI AA

1. NAME First name: <u>SUHEYLA</u> Other name: <u>TOWAN</u> Father's name: <u>MOHAMMED</u>		2. DATE OF BIRTH Day: <u>25</u> Month: <u>03</u> Year: <u>2024</u>	
3. SEX* Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	4. TYPE OF BIRTH* Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Other, specify: _____	5. NATURE OF BIRTH* Born Alive <input checked="" type="checkbox"/> Born Dead <input type="checkbox"/>	
7. PLACE OF BIRTH Sub-location or Estate and Town or health institution: <u>MEDINA HOSPITAL LTD</u> / <u>GARISSA</u>			
8. NAME OF MOTHER First name: <u>HUBI</u> Middle name: <u>AHMED</u> Father's name: <u>BARUT</u>			
NOTIFICATION ISSUED TO <u>TOWAN MOHAMMED ABOI</u> ID No. <u>21433849</u>			

