

FORM B1

REPUBLIC OF KENYA

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

3095451

Serial No. B1 AA

1. NAME

ELI KENZO

First name

Other name

WACHIRA

Father's name

2. DATE OF BIRTH

12/04/2023

Day

Month

Year

3. SEX*

Male ☒ Female ☐

4. TYPE OF BIRTH*

Single ☒ Twin ☐

Other, specify

5. MODE OF BIRTH*

Born Alive ☒ Born Dead ☐

6. ID Name

7. PLACE OF BIRTH

COPTIC HOSPITAL * NORTH
Sub-location or Estate and Town or health institution

Date

8. NAME OF MOTHER

POLLY

First name

NIKANZA

Middle name

MARGARET

Father's name

NOTIFICATION ISSUED TO

BENEDICT WACHIRA NWAHIA
No. 27914217