

FORM B1

REPUBLIC OF KENYA

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

4301350

Serial No. B1 AA

10497426

1. NAME

THEO

First name

MURATHI

Other name

MUNGA I

Father's name

2. DATE OF BIRTH

25

Day

03

Month

2024

Year

3. SEX*

Male



Female



4. TYPE OF BIRTH*

Single



Twin



Other, specify

.....

5. NATURE OF BIRTH*

Born Alive



Born Dead



7. PLACE OF BIRTH

MP SHAH

HOSPITAL

WESTLANDS

Sub-location or Estate and Town or health institution

8. NAME OF MOTHER

JUNE

First name

WANTIRU

Middle name

MWADRA

Father's name

NOTIFICATION ISSUED TO

JUNE WANTIRU MWADRA

ID No.

30886132