

FORM B1

REPUBLIC OF KENYA

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

Serial No. B1 AA

JOHN

2626129

1. NAME

MELANIE NTINAI DAI

LOLKITEKUI

2. DATE OF BIRTH

9/10/2022

First name

Other name

Father's name

Day

Month

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

SCRH

S/CENTRAL

Sub-location or Estate and Town or health institution

8. NAME OF MOTHER

MONICA

LENANYEKIE

First name

Middle name

Father's name

NOTIFICATION ISSUED TO

MONICA

LENANYEKIE

ID No.