

FORM B1

REPUBLIC OF KENYA

3521965

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

Serial No. B1 AA

1. NAME

ABDIKAREEM

First name

Other name

ABDINASIR

Father's name

2. DATE OF BIRTH

6 09 2023

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

RUARAKA UHAI NERMA HOSPITAL

Sub-location or Estate and Town or health institution

8. NAME OF MOTHER

HAWO SARBO

First name

ALINUR

Middle name

Father's name

NOTIFICATION ISSUED TO

HAWO SARBO

ID No.

29729009