

FORM B1

REPUBLIC OF KENYA

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

Serial No. B1 AA

3054945

1. NAME		2. DATE OF BIRTH	
LEVI	KARIUKI	07/04/2023	
First name	Other name	Day	Month Year
3. SEX*		4. TYPE OF BIRTH*	
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/>	5. NATURE OF BIRTH*	
		Born Alive <input checked="" type="checkbox"/> Born Dead <input type="checkbox"/>	
7. PLACE OF BIRTH			
COPTIC HOSPITAL / DAGORETTI NORTH			
Sub-location or Estate and Town or health institution			
8. NAME OF MOTHER		KARIUKI	
IVY	WAMBUI	Father's name	
First name	Middle name		
NOTIFICATION ISSUED TO IVY WAMBUI KARIUKI ID No. 29648735			

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