

FORM B1

REPUBLIC OF KENYA

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

Serial No. B1 AA

4525243

1. NAME

TROY

DECLAN

MURUTHI GITONGA

DATE OF BIRTH

13-06-2024

First name

Other name

Father's name

Day

Month

Year

3. SEX\*

Male ☒ Female ☐

4. TYPE OF BIRTH\*

Other, specify

Single ☒ Twin ☐

5. NATURE OF BIRTH\*

Born Alive ☒ Born Dead ☐

7. PLACE OF BIRTH

COPTIC HOSPITAL

Sub-location or Estate and Town or health institution

DAGORETII NORTH

8. NAME OF MOTHER

DORIS

WAZIRU

First name

Middle name

KIRIAMBURU

Father's name

NOTIFICATION ISSUED TO

DAVID GITONGA MBUGI

ID No. 22935522