

FORM B1

REPUBLIC OF KENYA

## THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)

## ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)

Serial No. B1 AB 5881420

1. NAME	BRUNDOMINIC WASIKE		WANGILA		2. DATE OF BIRTH		18	8	2023
First name	Middle Name		Father's name†		Day	Month	Year		
3. SEX*	4. TYPE OF BIRTH*		OTHER, SPECIFY		5. NATURE OF BIRTH*				
Male <input checked="" type="checkbox"/>	Single <input checked="" type="checkbox"/> METROPOLITAN HOSPITALS				Born Alive <input checked="" type="checkbox"/>		Born Dead <input type="checkbox"/>		
7. PLACE OF BIRTH	Sub-location or Estate and Town or health institution		Sub-County		7. PLACE OF BIRTH		MAKADARA		
8. NAME OF MOTHER	First name		Middle name		8. NAME OF MOTHER		DKINDA		
First name	Middle name		Father's name		First name		Middle name		
CHARLES	WANGILA		AMISI		CHARLES		WANGILA		
ID No.	ID No.		ID No.		ID No.		Date		
22579575	22579575		22579575		22579575		21/8/2023		

NOTIFICATION ISSUED TO

Note.— To obtain a birth certificate, present this notification to the Sub-County Registrar of Births where this birth occurred