

FORM B1

REPUBLIC OF KENYA

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

0790927281

Serial No. B1 AA

3819481

1. NAME

AyvvB

First name

EDIN

Other name

ADAN

Father's name

2. DATE OF BIRTH

09

Day

02

Month

2024

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

TATKABA

Sub-location or Estate and Town or health institution

REFERRAL HOSPITAL

MANDERA WET

8. NAME OF MOTHER

ZAMIRA

First name

ABDINUR

Middle name

MOHAMED

Father's name

NOTIFICATION ISSUED TO

ZAMIRA

ABDINUR

ID No.

29632079