

FORM B1

REPUBLIC OF KENYA

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

2919860

Serial No. B1 AA

1. NAME		2. DATE OF BIRTH	
GERARD	MUHO	03	03 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"/>	Other, specify	
5. NATURE OF BIRTH*		Born Alive <input checked="" type="checkbox"/> Born Dead <input type="checkbox"/>	
7. PLACE OF BIRTH			
Sub-location or Estate and Town or health institution			
8. NAME OF MOTHER		8. NAME OF FATHER	
MARIA	NTHAMU	NTHAMU	
First name	Middle name	Father's name	
NOTIFICATION ISSUED TO		ID No.	
Maria Nthamo NTHAMU		28014931	