

FORM B1

ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)

MATER MISERICORDIAE HOSPITAL
REPUBLIC OF KENYA 25 - 00100, NAIROBI
MATER MISERICORDIAE HOSPITAL
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Serial No. B1 AB 7765324

1. NAME

First name

Middle Name

Father's name

Day Month Year

3. SEX*

Male ☒ Female ☐

4. TYPE OF BIRTH*

OTHER, SPECIFY

5. NATURE OF BIRTH*

Born Alive ☒ Born Dead ☐

7. PLACE OF BIRTH

MATER MISERICORDIAE HOSPITAL, NAIROBI

Sub-County

Father's name

8. NAME OF MOTHER

First name

Middle name

ID No. 31291344

Date 07.11.2022

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