

FORM B1

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)

ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)

Serial No. B1 AC 3027726

1. NAME	2. DATE OF BIRTH		
RUQIYA KASSIM MWAGOGO	04. 07. 2023		
First name	Middle Name	Father's name†	Day Month Year
3. SEX*	4. TYPE OF BIRTH*	5. NATURE OF BIRTH*	
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> OTHER, SPECIFY	Born Alive <input checked="" type="checkbox"/> Born Dead <input type="checkbox"/>	
7. PLACE OF BIRTH	Sub-location or Estate and Town or health institution		
THE AGAKHAN HOSPITAL	MOMBASA		
8. NAME OF MOTHER	Sub-County		
MWANAJUMA ALI	NAGADI		
First name	Middle name	Father's name	
NOTIFICATION ISSUED TO	ID No.	Date	
KASSIM MOWAMED	29765571	05. 07. 2023	

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