REPUBLIC OF KENYA

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

4483425 Serial No. BT-AA 2. DATE OF BIRTH NAME Day Month First name Other name Father's name 5. NATURE OF BIRTH* SEXE 4. TYPE OF BIRTH* Other, specify Born Alive Born Dead Male Twin Female PLACE OF BIRTH Sub-location or Estate and Town or health institution First name Middle name Father's name