

FORM B1

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)

ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)

Serial No. B1 AC 4186343

1. NAME
First name: NILLAN Middle Name: MWALIMU Father's name†: NDELEVA
2. DATE OF BIRTH
Day: 17 Month: 05 Year: 2023

3. SEX* Male ☒ Female ☐ 4. TYPE OF BIRTH* OTHER SPECIFY
Single ☒ Twin ☐ 5. NATURE OF BIRTH*
Born Alive ☒ Born Dead ☐
THE NAIROBI HOSPITAL
MEDICAL RECORDS DEPARTMENT

7. PLACE OF BIRTH THE NAIROBI P.O. BOX 30026, 00100, NAIROBI NAIROBI
Sub-location or Estate and Town or health institution Sub-County
TEL: +254 20 2845680

8. NAME OF MOTHER
First name: ALICE Middle name: NAMUNDU Father's name: OMANJI

NOTIFICATION ISSUED TO ALICE NAMUNDU OMANJI ID No. 28083215 Date 18/06/2023

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