		HOSPITAL
Tel: 0724	260 303/02	0 2321221
Email: prude	intm#dgintot:	@gmail.com

REPUBLIC OF KENYA

9048255

ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)

I. NAME	2. DATE OF BIRTH				
MILW	BARAKA	KILONZO	24	0	2024
First name	Other name	Father's name	Day	Month	Yea
3. SEX*	4. TYPE OF BIRTH*	Other, specify	5. NATURE OF BIRTH*		4.
Male Female	Single / Twin	/	Born Ali	ve Born	Dead
7. PLACE OF BIRTH PRU	DENT COTTAGE +	TOSPITAL I E	MRAKA	ISI WE	ST
	,		MRAKA		
	DENT COTTAGE F location or Estate and Town or he STHER First name	ABUH Middle name	MBAKA	NGE!	