

FORM B1

REPUBLIC OF KENYA

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

Serial No. B1 AA

10475420

2847681

1. NAME

KAI

First name

GITHAIGA

Other name

KARUKI

Father's name

2. DATE OF BIRTH

17

11

2022

Day

Month

Year

3. SEX*

Male



Female



4. TYPE OF BIRTH*

Other, specify

Single



Twin



5. NATURE OF BIRTH*

Born Alive



Born Dead



7. PLACE OF BIRTH

MP SHAH HOSPITAL

Sub-location or Estate and Town or health institution

WESTLANDS

8. NAME OF MOTHER

GLADYS

First name

KACERA

Middle name

NJERI

Father's name

NOTIFICATION ISSUED TO

GLADYS

KACERA

NJERI

ID No. 29295626

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