

FORM B1

REPUBLIC OF KENYA

3521500

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

Serial No. B1 AA

1. NAME

AMLIYAH

ABDIHARAM

Haji

2. DATE OF BIRTH

02 09 2023

First name

Other name

Father's name

Day Month Year

3. SEX*

Male ☐ Female ☒

4. TYPE OF BIRTH*

Single ☒ Twin ☐

Other, specify

5. NATURE OF BIRTH*

Born Alive ☒ Born Dead ☐

7. PLACE OF BIRTH

Sub-location or Estate and Town or health institution

Nairobi

8. NAME OF MOTHER

AMLIYAH

ABDI

SHAH

First name

Middle name

Father's name

NOTIFICATION ISSUED TO

ABDIHARAM

Haji

ID No.

30619356