

FORM B1

REPUBLIC OF KENYA

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

3246834

Serial No. B1 AA

1. NAME		2. DATE OF BIRTH	
JAD	KAREEM	26	06 2023
First name	Other name	Day	Month Year
3. SEX*		4. TYPE OF BIRTH*	
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/>	Born Alive <input checked="" type="checkbox"/> Born Dead <input type="checkbox"/>	
7. PLACE OF BIRTH		5. NATURE OF BIRTH*	
THE NAIROBI HOSPITAL		MEDICAL RECORDS DEPARTMENT	
Sub-location or Estate and Town or health institution		P.O. BOX 30026 - 00100, NAIROBI	
8. NAME OF MOTHER		FATHER'S NAME	
MARY	KAMENE	NGUNDO	
First name	Middle name	Father's name	
NOTIFICATION ISSUED TO		ID No.	
MARY KAMENE NGUNDO		22914098	