

FORM B1

0130322

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)

ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)

GURU NANAK
RAMGARHIA SIKH HOSPITAL
P.O. Box 33071 - 00600
NAIROBI

Serial No. B1 AA

1. NAME

SAIDA

First name

MOHAMED NUR

Middle Name

WARID

Father's name†

2. DATE OF BIRTH

15

3

23

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

GURUNANAK HOSPITAL / NAIROBI

Sub-location or Estate and Town or health institution

Sub-County

8. NAME OF MOTHER

UMULKHEIR

First name

IBRAHIM

Middle name

JAI

Father's name

NOTIFICATION ISSUED TO

UMULKHEIR IBRAHIM JAI

ID No.

28911072

Date

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