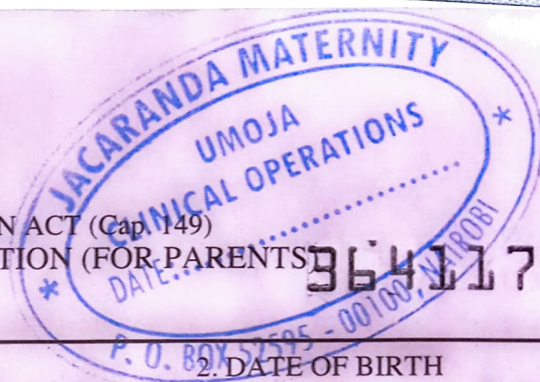


FORM B1

REPUBLIC OF KENYA

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



Serial No. B1 AA

1. NAME

LEILA

First name

CHEROTICH

Other name

CHERUROT

Father's name

2. DATE OF BIRTH

13

Day

10

Month

2023

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

JACARANDA MATERNITY

EMBAKASI

Sub-location or Estate and Town or health institution

8. NAME OF MOTHER

JOAN

First name

JEBET

Middle name

KOECH

Father's name

NOTIFICATION ISSUED TO

JOAN

JEBET

ID No. 34 198 132.