

FORM B1

REPUBLIC OF KENYA

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

Serial No, BI AC 5646420

1. NAME

CHARLOTTE NYANCHERA SIANYO
First name Middle Name Father's name†

2. DATE OF BIRTH

22. 08. 2021
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

THE NAIROBI WOMEN'S HOSPITAL
Sub-location or Estate and Town or health institution

NAKURU
Sub-County

8. NAME OF MOTHER

PERPETUAL NJERI
First name Middle name

WANTIKU
Father's name

NOTIFICATION ISSUED TO PERPETUAL NJERI WANTIKU ID No. 29933625 Date 23/8/2021

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