

FORM B1

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)

ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)

Serial No. B1 AB 2324878

1. NAME

SALOME

First name

CHI21

Middle Name

OMAR.

Father's name†

2. DATE OF BIRTH

17

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

AGAKHAN HOSPITAL

Sub-location or Estate and Town or health institution

NOMBASA.

Sub-County

8. NAME OF MOTHER

JANET

First name

MAPEZI

Middle name

SAMUEL

Father's name

NOTIFICATION ISSUED TO

OMAR

KARUNGU

ID No.

28640614

Date

17-08-2021

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

The Aga Khan Hospital Mombasa
P.O. Box 63013 - 80100,
Mombasa