

FORM B

KITALE COUNTY HOSPITAL

P.O. Box 98-30200, KITALE

REPUBLIC OF KENYA

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

**HEALTH RECORDS
& INFORMATION**

3977601/216

Serial No. BI AA

1. NAME

JATLA

First name

ETHAN

Other name

JUMA

Father's name

2. DATE OF BIRTH

1

1

2024

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

KCBH

Sub-location or Estate and Town or health institution

KIMINIHI

8. NAME OF MOTHER

MIRIAM

First name

MAFULA

Middle name

Father's name

NOTIFICATION ISSUED TO

MOSES JUMA WAFULA

ID No.

26051691