

Form B1

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)  
ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS) **3638760**

Serial No. BI/AA

1. NAME

ETHAN

WARWILE

WANANGWE

2. DATE OF BIRTH

30 10 2023

First name

Other name

Father's name

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

KIHARA LEVEL 4 HOSPITAL KIAMBA

Sub-location or Estate and Town or health institution

8. NAME OF MOTHER

DOREEN

SANGULA

First name

Middle name

Father's name

NOTIFICATION ISSUED TO

DOREEN

SANGULA

ID No.

38819612