CERTIFICATE OF BIRTH

1. NAME OF CHILD: _____
First Middle Last

2. SEX: ☐ **MALE** ☐ **FEMALE**

3. DATE AND TIME OF BIRTH: ____ / ____ / ____ ☐AM / ☐PM ____ : ____
Month Day Year Time

4. PLACE OF BIRTH:

Name of Hospital or Facility: _____

Address: _____
Street, City, State, Zip

5. MOTHER'S NAME: _____
First Middle Last

(Mother's Maiden Name: _____)

6. FATHER'S NAME: _____
First Middle Last

7. Mother's Street Address:

_____
Street, City, State, Zip

I hereby certify that this child was born alive at the place and time, and on the date stated above.

DATE: ____ / ____ / ____
Month Day Year

Signature of Doctor: _____

Name(In print): _____ ☐ M.D. ☐ Midwife
※No Initial First Middle Last