

CERTIFICATE OF LIVE BIRTH

1. CHILD'S NAME: (Last) _____

(First, Middle) _____

2. SEX: MALE FEMALE

3. DATE OF BIRTH: _____ / _____ / _____
(MONTH) (DAY) (YEAR)

TIME OF BIRTH: AM / PM _____ :

4. PLACE OF BIRTH: (Name of Hospital) _____

(Physical Address) _____
street city/town

_____ U.S.A.
county/parish state zip

5. MOTHER'S NAME: _____
(First, Middle, LAST)

(Mother's Maiden Name: _____)

6. FATHER'S NAME: _____
(First, Middle, LAST)

I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME, AND ON THE DATE STATED ABOVE.

(Date)

(Signature)

(In Print)
 MD Midwife Others()