

# CERTIFICATE OF LIVE BIRTH

**1. CHILD'S NAME: (Last Name)** \_\_\_\_\_

**(First, Middle Name)** \_\_\_\_\_

**2. SEX:**

MALE

FEMALE

**3. DATE OF BIRTH: (MM/DD/YYYY)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**TIME OF BIRTH:**

AM / PM

\_\_\_\_\_ :

**4. PLACE OF BIRTH: (Name of Hospital)** \_\_\_\_\_

**(Physical Address)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. MOTHER'S NAME:**

**(Mother's Maiden Name: \_\_\_\_\_ )**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(First, Middle, LAST)**

**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: MM/DD/YYYY)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(In print)**

MD, Midwife

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**(Mother's Maiden Name: \_\_\_\_\_ )**

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MD,  Midwife