CERTIFICATE OF LIVE BIRTH

1a. CHILD'S NAME (First) (Middle) (Last)	1b. FACILITY ID
2. SEX	3. DATE OF BIRTH
4a. PLACE OF BIRTH (Name of Hospital, Clinic or Residence)	4b. COUNTY OF BIRTH
5a. TYPE OF BIRTH	5b. IF MULTIPLE BIRTH, CHILD WAS
6a. BIRTH ORDER (If Single, Twin, or Triplet, Indicate Birth Order)	6b. WEIGHT AT BIRTH
7a. MOTHER'S NAME (First) (Middle) (Last)	
7b. MAIDEN NAME	7c. DATE OF BIRTH
7d. CITIZENSHIP	7e. RELIGION
7f. RESIDENCE (House No., Street, Rural Route)	7g. COUNTY
7h. OCCUPATION	7i. KIND OF BUSINESS/INDUSTRY
8a. FATHER'S NAME (First) (Middle) (Last)	
8b. CITIZENSHIP	8c. RELIGION
8d. OCCUPATION	8e. KIND OF BUSINESS/INDUSTRY
9. DATE AND PLACE OF MARRIAGE OF PARENTS (If Not Married, Give Date of Birth of Mother)	
10. INFORMANT'S CERTIFICATION	
11. BIRTH ATTENDANT'S CERTIFICATION	
12. FOR REGISTRAR ONLY	

BEST POSSIBLE IMAGE