CERTIFICATE OF LIVE BIRTH

Child's Full Name _____

Date of Birth _____ Time of Birth _____ ☐ am ☐ pm

Father's Full Name _____Age _____

Mother's Full Name _____Age _____

Number of Older Brothers _____ Number of Older Sisters _____

Attending Physician _____

Hospital Name _____

Hospital Address _____

Attending Physician's Signature _____ Date _____