



# RECORD OF BIRTH

This form certifies that the information reported is true and correct to the best of the knowledge of the registrant.

TIME

A.M./P.M.

on \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
DAY DATE MONTH YEAR

weighing \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Witness \_\_\_\_\_