

Reg. Dist. No. \_\_\_\_\_

Primary Reg. Dist. No. \_\_\_\_\_

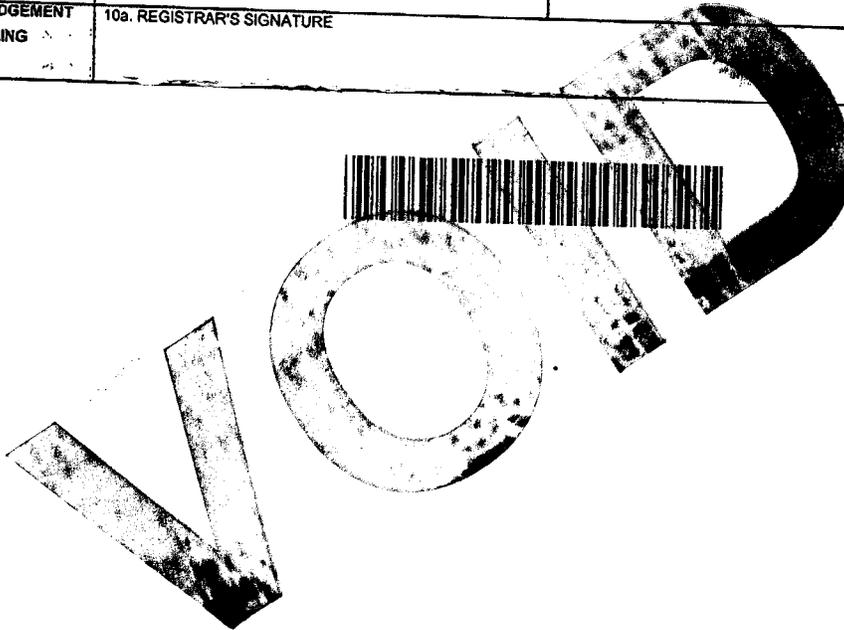
Registrar's No. \_\_\_\_\_

# Ohio Department of Health VITAL STATISTICS CERTIFICATE OF LIVE BIRTH



Certificate No. **134-**

<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix)		
	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
	5a. FACILITY NAME (if not institution, give street and number)		
	5b. CITY, TOWN OR LOCATION OF BIRTH		5c. COUNTY OF BIRTH
<b>ATTENDANT</b>	6a. ATTENDANT'S NAME		6b. ATTENDANT'S TITLE
	6c. I certify that the above named child was born alive at the place and time on the date stated above.		6d. DATE SIGNED (Mo/Day/Yr)
<b>MOTHER</b>	7a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		7b. DATE OF BIRTH (Mo/Day/Yr)
	7c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		7d. BIRTHPLACE (State, Territory, or Foreign Country)
	8a. STREET AND NUMBER OF MOTHER'S RESIDENCE		8b. APT. NO.
			8c. CITY, TOWN OR LOCATION
	8d. STATE, TERRITORY, OR FOREIGN COUNTRY		8e. ZIP CODE
<b>FATHER</b>	9a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		8f. COUNTY
	9b. DATE OF BIRTH (Mo/Day/Yr)	9c. BIRTHPLACE (State, Territory, or Foreign Country)	
<b>ACKNOWLEDGEMENT OF FILING</b>	10a. REGISTRAR'S SIGNATURE		10b. DATE FILED BY REGISTRAR (Mo/Day/Yr)



Rev4