

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

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

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

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF LIVE BIRTH

Certificate No. \_\_\_\_\_

<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>PARENT</b>	7a. PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		7b. DATE OF BIRTH (Mo/Day/Yr)	
	7c. LAST NAME PRIOR TO FIRST MARRIAGE		7d. BIRTHPLACE (State, Territory, or Foreign Country)	
	8a. STREET AND NUMBER OF PARENT'S RESIDENCE		8b. APT. NO.	8c. CITY, TOWN OR LOCATION
	8d. STATE, TERRITORY, OR FOREIGN COUNTRY		8e. ZIP CODE	8f. COUNTY
	9a. PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		9b. DATE OF BIRTH (Mo/Day/Yr)	
<b>PARENT</b>	9c. LAST NAME PRIOR TO FIRST MARRIAGE		9d. BIRTHPLACE (State, Territory, or Foreign Country)	
	10a. REGISTRAR'S SIGNATURE		10b. DATE FILED BY REGISTRAR (Mo/Day/Yr)	
<b>ACKNOWLEDGEMENT OF FILING</b>				

HEA 2703 Rev: 8/15

OAC 3701-5-02  
Appendix A