	STATE GENERAL ST	SURNAME
6 Filling		Birth Certificate  ormation is not available. Then you know nothing has been missed. Any additional information
may be	e written at the bottom of the sheet.	auditional information
	CHILD'S NAME	
	SEX/RACE	
	OTHER ISSUE LIVING	
	TIME/DAY/DATE OF BIRTH	
	PLACE	
	FATHER	
	BIRTHPLACE/AGE	
19	EDUCATION	p.e. A
	OCCUPATION	
	MOTHER	
	RESIDENCE	
	BIRTHPLACE/AGE	
	EDUCATION	
Ĭ	OCCUPATION	
	INFORMANT	
	PHYSICIAN/MIDWIFE	
	RESIDENCE	

CERTIFICATE DATE

REGISTRATION DATE

VOL NO\_\_\_\_\_\_PAGE NO\_\_\_\_\_\_CERTIFICATE NO\_\_\_\_

RECORDED BY\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_

DELIVERY \_\_\_\_

COURTHOUSE\_\_\_\_\_

OTHER