

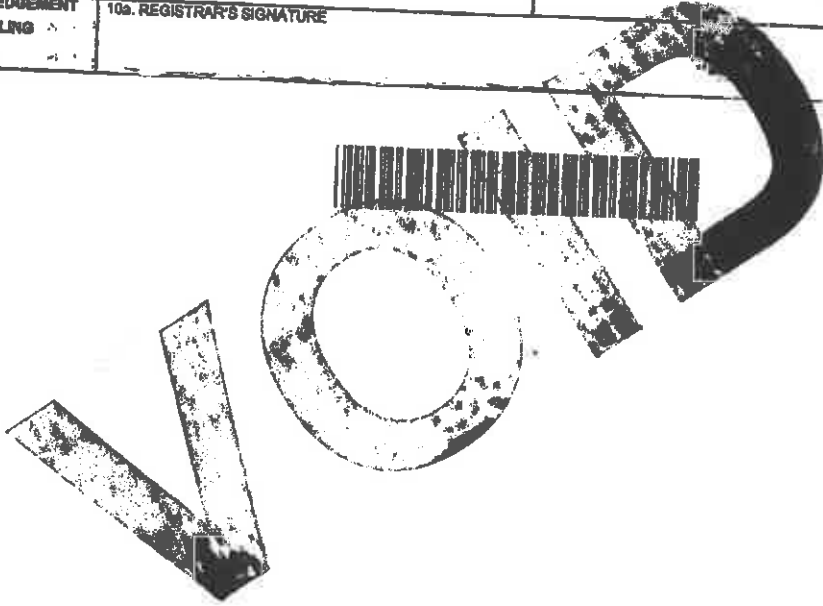
Reg. Dist. No. _____
Primary Reg. Dist. No. _____
Registrar's No. _____

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH



Certificate No. **134-**

CHILD	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		
ATTENDANT	6a. ATTENDANT'S NAME		5c. COUNTY OF BIRTH
	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)
MOTHER	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.
	8d. STATE, TERRITORY, OR FOREIGN COUNTRY		8c. CITY, TOWN OR LOCATION
			8e. ZIP CODE
FATHER	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)	
ACKNOWLEDGEMENT OF FILING	10a. REGISTRAR'S SIGNATURE		10b. DATE FILED BY REGISTRAR (Mo/Day/Yr)



Rev4

APPENDIX A
3701-5-02

Reg. Dist. No. _____

Primary Reg. Dist. No. _____

Registrar's No. _____

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Certificate No. _____

CHILD	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
ATTENDANT	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)
PARENT	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)
ACKNOWLEDGEMENT OF FILING	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)

HEA 3703 Rev: 2/88

OAC 3701-5-02
Appendix A