

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
PARENT	9a. PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		9b. DATE OF BIRTH (Mo/Day/Yr)
	9c. LAST NAME PRIOR TO FIRST MARRIAGE		9d. BIRTHPLACE (State, Territory, or Foreign Country)
ACKNOWLEDGEMENT OF FILING	10a. REGISTRAR'S SIGNATURE		10b. DATE FILED BY REGISTRAR (Mo/Day/Yr)

HEA 2703 Rev: 8/15

OAC 3701-5-02
Appendix A