

CERTIFICATION OF BIRTH

STATE FILE NUMBER

DATE RECORD FILED

NAME

DATE OF BIRTH

SEX

BIRTHPLACE

PARENT'S NAME

PARENT'S NAME

LAST NAME PRIOR TO MARRIAGE

LAST NAME PRIOR TO MARRIAGE

PARENT'S BIRTHPLACE

PARENT'S BIRTHPLACE

Note:

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics, Columbus, Ohio. Witness my signature and seal of the Department of Health this (Day) day of (Month), (Year)



State Registrar of Vital Statistics

CENTRAL LOCATION

**OAC 3701-5-02
Appendix Z**

OAC 3701-5-02
Appendix Z

— DETACH AT PERFORATION —

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

STATE OF OHIO OFFICE OF VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER	2014012345	DATE RECORD FILED	07/08/2014
NAME	JOHN WALTER DOE	SEX	Male
DATE OF BIRTH	08/19/2014	FATHER'S NAME	RICHARD ALLEN DOE
BIRTHPLACE	OHIO	FATHER'S BIRTHPLACE	OHIO
MOTHER'S NAME	JANE DIANE DOE		
MAIDEN NAME	SMITH		
MOTHER'S BIRTHPLACE	OHIO		

Note:

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics, Columbus, Ohio. Witness my signature and seal of the Department of Health this 23 day of July, 2014.



State Registrar of Vital Statistics

H4266626

CENTRAL LOCATION



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED
VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW