

CERTIFICATION OF VITAL RECORD

CITY OF BERKELEY
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST		1B. MIDDLE	1C. LAST	
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	5C. CITY		5D. COUNTY		
FATHER PARENT	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH - MM/DD/CCYY
	9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH - MM/DD/CCYY
INFORMANT AND BIRTH CERTIFICATION	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A. PARENT OR OTHER INFORMANT - SIGNATURE		12B. RELATIONSHIP TO CHILD
	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B. LICENSE NUMBER
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
LOCAL REGISTRATION	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY

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This is to certify that this document is a true copy of the official record filed with the City of Berkeley.
MD, MPH, Local Registrar and Health Officer



by: _____ DATE ISSUED _____
LOCAL REGISTRAR AND HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of registrar.

PNCO (Rev) 10/99