



STEELE HIGH SCHOOL CHILD DEVELOPMENT CLASS
BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH



1. PLACE OF BIRTH A. COUNTY:		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) A. STATE B. COUNTY		
B. CITY OR TOWN		C. CITY OR TOWN		
FULL NAME OF HOSPITAL OR INSTITUTION (If not in a hospital or institution, give address or location.)		D. STREET ADDRESS		
3. CHILD'S NAME (Type or Print)		A. FIRST NAME	B. MIDDLE NAME	C. LAST NAME
4. SEX ___ Male ___ Female	5A. THIS BIRTH ___ Single ___ Twin ___ Triplet	5B. IF TWIN OR TRIPLET THIS CHILD WAS: ___1 st ___2 nd ___3 rd	6. LEGITAMATE ___ Yes ___ No	7. DATE OF BIRTH (MM / DD/ YEAR)
FATHER OF THE CHILD				
8. FULL NAME:		a) First Name	b) Middle Name	c) Last Name
10. AGE AT TIME OF THIS BIRTH _____ years		11. BIRTH PLACE	12a) USUAL OCCUPATION	12b) KIND OF BUSINESS OR INDUSTRY
MOTHER OF THE CHILD				
13. FULL MAIDEN NAME:		a) First Name	b) Middle Name	c) Last Name
14. Race / Color				
15. AGE AT TIME OF THIS BIRTH _____ years		16. BIRTH PLACE	17a) USUAL OCCUPATION	17b) KIND OF BUSINESS OR INDUSTRY
18. PREVIOUS CHILDREN BORN TO THIS MOTHER. NOT INCLUDING THIS CHILD.		18a) INFORMANT NAME AND ADDRESS:		
18 b) How many children are now living? _____	18 c) How many children were born alive but are now dead? _____	19 d) List any OTHER children who were stillborn (died after 20 weeks of pregnancy)		
20. I hereby certify that I attended the birth of this child who was born alive on the date stated above at _____M. , Weighing _____lbs and _____oz.				
21a) ATTENDANT'S SIGNATURE		21 b) ATTENDANT AT BIRTH _____MD _____MIDWIFE OTHER (Specify) _____		
21c) ATTENDANT'S ADDRESS:		21 d) DATE SIGNED:		
22 a) REGISTRAR'S FILE NUMBER		22b) DATE RECEIVED / REGISTRAR'S SIGNATURE		

