

State of [State Name]
Department of Vital Records

Birth Certificate

Full Name of Child:	<input type="text"/>
Date of Birth:	<input type="text"/>
Place of Birth (City, State):	<input type="text"/>
Sex:	<input type="text"/>
Mother's Name:	<input type="text"/>
Father's Name:	<input type="text"/>
Certificate Number:	<input type="text"/>

Date Issued:

Registrar's Signature: _____

Official Seal:

