

# Official Birth Record

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Full Name of Child:	<input type="text"/>
Date of Birth:	<input type="text"/>
Place of Birth:	<input type="text"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Father's Name:	<input type="text"/>
Mother's Name:	<input type="text"/>
Nationality:	<input type="text"/>
Birth Certificate Number:	<input type="text"/>
Date Issued:	<input type="text"/>
Registrar's Name:	<input type="text"/>

This is to certify that the above information is an official record as recorded in the civil registry.

Signature of Registrar: \_\_\_\_\_

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