

Hospital Birth Certificate

City Hospital
123 Main Street, Hometown

Full Name of Child:	<input type="text"/>
Date of Birth:	<input type="text"/>
Time of Birth:	<input type="text"/>
Place of Birth:	<input type="text"/>
Mother's Name:	<input type="text"/>
Father's Name:	<input type="text"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Attending Doctor:	<input type="text"/>

This is to certify that the above particulars are true as per the hospital records.

Date Issued:

Authorized Signature