

Certificate of Live Birth

Child's Full Name: _____

Date of Birth: _____

**Place of Birth
(Hospital/Location):** _____

Sex: _____

Mother's Name: _____

Father's Name: _____

Date Issued: _____

**Registrar's Name &
Signature:** _____

This certifies that the information above is true and correct as per the official records of the
Civil Registry.

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