

General City Hospital

Birth Certificate

Document No:

Child's Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Time of Birth:	<input type="text"/>
Place of Birth:	<input type="text"/>
Sex:	<input type="text"/>
Mother's Name:	<input type="text"/>
Father's Name:	<input type="text"/>
Attending Physician:	<input type="text"/>

Date Issued:

Authorized Signature

Hospital Seal