

# Delivery Room Birth Certificate

## Child Information

Name of Child

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Sex

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Date of Birth

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Time of Birth

---

Birth Weight

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Place of Birth

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## Mother's Information

Full Name

---

Date of Birth

---

Nationality

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Address

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## Father's Information

Full Name

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Date of Birth

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Nationality

---

Address

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## Certification

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

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Name & Signature of Mother

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Name & Signature of Attending Physician/Nurse/Midwife

Date Issued