

Health Facility Birth Certificate

Blank Format

Name of Facility

Facility Address

Certificate No.

This is to certify that

(Full name of child)

was born on

(Date of Birth)

at

(Time of Birth)

Sex

Weight at Birth

Length at Birth

to

(Mother's Name)

and

(Father's Name)

Attending Physician/Midwife

(Name & Qualification)

Signature

Date Issued

Facility Stamp/Seal
