

[Hospital Name]

Birth Certificate
[Hospital Address Line 1]
[City, State, Zip]

Child Information

Full Name of Child

Sex

Date of Birth

Time of Birth

Place of Birth (Ward/Room)

Parent(s) Information

Mother's Name

Mother's Date of Birth

Father's Name

Father's Date of Birth

Parent(s) Address

Hospital Record

Attending Physician

Registration Number

Certification

Signature & Name
(Physician/Nurse)

Date

Hospital Stamp/Seal: _____