

**Doctor Signature** --------------------------

**MS Signature** ------------------------------

Birth Certificate

Sex: Male/Female

Weight: ----------------------

Height: ----------------------

Mother: -------------------

Given Name: -------------------

Family Name: -------------------

Father Name: -------------------

**Child Description:**

**It is certified that--------------------------**

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|  |

Date of Birth: 00 / 00 / 0000

Place of Birth: Area, City, State