

Recorded District
Register Number

New York State Department of Health
CERTIFICATE OF
LIVE BIRTH

State File Number:

INFANT	1A. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____					
	1B. Medical Record No.:	2A. Date of Birth:	2B. Hour:	3. Sex:	4A. Birth Is: (<i>Single, Twin, etc.</i>)	4B. If Not Single, Specify Birth Order:
	5. Place of Birth: <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birth Center <input type="checkbox"/> Home Delivery: <i>Planned to deliver at home?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (<i>specify</i>)					
	6A. Facility Name:			6B. Locality of Birth:		6C. County of Birth:

MOTHER	7A-1. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Current Last Name</i> _____		
	7A-2. Maiden Last Name:	7B. Date of Birth:	7C. City & State of Birth: (<i>Country, if not U.S.A.</i>)
	8A. Residence, State: (<i>Country, if not U.S.A.</i>)		8B. County: (<i>Terr. or Prov., if not USA</i>)
	8C. Locality:		8D. If City or Village, Is Residence within City or Village Limits? (<i>If NO, specify town:</i>)
	8E. Street and Number of Residence:		8F. Zip Code:
	8G. Mailing Address:		8H. Zip Code:

FATHER	9A. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____		
	9B. Date of Birth:	9C. City & State of Birth: (<i>Country, if not U.S.A.</i>)	

ATTENDANT	10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief.			10B. Date Signed: _____		
	Signature ▶			Month _____ Day _____ Year _____		
	10C. Name of Certifier, If Not Attendant:			Title:		10D-1. NYS License Number: (<i>Certifier</i>)
	10E. Attendant's Name:			Title:		10F-1. NYS License Number: (<i>Attendant</i>)
	11A. Registrar Name:					
11B. Signature of the Registrar: ▶				11C. Date Filed: _____		
				Month _____ Day _____ Year _____		

* 12. Information Added or Corrected:

Item No.	Date of Correction	Authorization	Original Information

DOH-1963 (01/2005)