

CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON, TEXAS, USA

This can be 2-10 years in person and a fee of up to \$7.00 (Article 477C, Revised Civil Statutes of Texas)
 Department of Health - Bureau of Vital Statistics

STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NO.
1. NAME (Type or print)		2. DATE OF BIRTH		3. SEX
[REDACTED]		[REDACTED]		Female
4a. PLACE OF BIRTH - COUNTY		4b. CITY OR TOWN (If outside city limits, give street no.)		4c. PLACE OF BIRTH (Specify)
Harris		Houston		<input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Licensed Birth Center <input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)
4d. NAME OF HOSPITAL (If not in hospital, give street address)		4e. HOME CITY (Type or print)	4f. THE BIRTH SERVICE (TWIN, TRIPLET, ETC.)	4g. IF NOT SINGLE BIRTH - BIRTH 1st, 2nd, 3rd, etc. (Specify)
St. Luke's Episcopal Hospital		[REDACTED]	[REDACTED]	[REDACTED]
5. NAME (Type or print)		6. DATE OF BIRTH	7. BIRTHPLACE (State or foreign country)	
[REDACTED]		[REDACTED]	[REDACTED]	
9. RACE (American Indian, Black, White, etc.)		10a. IS FATHER OF HISPANIC ORIGIN?	10b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)	
Black		<input type="checkbox"/> YES <input type="checkbox"/> NO	[REDACTED]	
11. NAME (Type or print)		12. DATE OF BIRTH	13. BIRTHPLACE (State or foreign country)	
[REDACTED]		[REDACTED]	[REDACTED]	
14. RACE (American Indian, Black, White, etc.)		15a. IS MOTHER OF HISPANIC ORIGIN?	15b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)	
Black		<input type="checkbox"/> YES <input type="checkbox"/> NO	[REDACTED]	
16a. RESIDENCE - STATE		16b. COUNTY	16c. CITY OR TOWN (If outside city limits, show street)	
[REDACTED]		[REDACTED]	[REDACTED]	
16d. STREET ADDRESS		17. MOTHER'S MAILING ADDRESS (If same as residence, enter zip code only)		
[REDACTED]		[REDACTED]		
18a. I hereby certify that the child named herein was born alive on the date stated above		18b. ATTENDANT'S SIGNATURE AND DATE SERVICE		18c. ATTENDANT'S ADDRESS
[REDACTED]		[REDACTED]		[REDACTED]
19a. ATTENDANT'S NAME (Type or Print)		19b. ATTENDANT AT BIRTH (S.D., C.O.A., C.I.B.N.)		19c. SIGNATURE OF LOCAL REGISTRAR
[REDACTED]		[REDACTED]		[REDACTED]
19d. REGISTER'S FILE NO.		19e. DATE REC'D BY LOCAL REGISTRAR		19f. SIGNATURE OF LOCAL REGISTRAR
[REDACTED]		[REDACTED]		[REDACTED]

Feb 13, 2007

DATE ISSUED
 This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code of Texas. This copy not valid without engraved border displaying seal and signature of the Registrar.

Lisa Akheitaname
 Lisa Akheitaname, Registrar
 BUREAU OF VITAL STATISTICS

