

CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON, TEXAS, USA

Form can be 2-10 years in person and a fee of up to \$7.00 (Article 477C, Revised Civil Statutes of Texas)

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
Harris		Houston		<input type="checkbox"/> Office/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	4f. THE BIRTH	4g. IF NOT SINGLE BIRTH - BIRTH 1st, 2nd, 3rd, etc. (Specify)
St. Luke's Episcopal Hospital		HOUSTON	[REDACTED]	[REDACTED]
5. NAME		7. DATE OF BIRTH	8. 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 checked="" type="checkbox"/> NO	[REDACTED]	
11. NAME		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 checked="" 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]		HOUSTON TX 77489		
18a. I hereby certify that the child was born alive on the date stated above		18b. ATTENDANT'S SIGNATURE AND DATE SERVICE		18c. ATTENDANT'S ADDRESS
[REDACTED]		[REDACTED]		[REDACTED]
19. REGISTRAR'S FILE NO.		19a. ATTENDANT'S NAME (Type or Print)		19b. ATTENDANT AT BIRTH
[REDACTED]		[REDACTED]		<input type="checkbox"/> by Mother <input type="checkbox"/> Other (Specify)
19c. DATE REC'D BY LOCAL REGISTRAR		19d. SIGNATURE OF LOCAL REGISTRAR		
[REDACTED]		[REDACTED]		

DATE ISSUED Feb 13, 2007

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 Akheina
 Lisa Akheina, Registrar
 BUREAU OF VITAL STATISTICS

