

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
City of Austin Registration District

STATE OF TEXAS				CERTIFICATE OF BIRTH		BIRTH NUMBER			
1. Child's Name First		Middle		Last		Suffix	2. Date of Birth (mm/dd/yyyy)	3. Sex	
JOHN		DAVID		DOE			01/02/1950	MALE	
4a. Place of Birth - County		4b. City or Town (if outside city limits, give precinct no.)			5. Time of Birth	6a. Plurality - Single, Twin, Triplet, etc.	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.		
TRAVIS		AUSTIN			05:11 AM	SINGLE			
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify):					7b. Name of Hospital or Birthing Center, NPI (if Not Institution, Give Street Address)				
					DGHTRS OF CHTY HTH SVCS OF AUSTIN-SETON MED CTR				
8a. Attendant's Name, NPI, and Mailing Address					8a. Certifier - I certify that this child was born alive at the place and time and on the date as stated.				
ROSA MORENO 1301 W 38TH ST 201 AUSTIN, TEXAS 78745					MARIA ARELLANO		01/02/1950		
					Signature and Title		Date Signed		
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):					9b. <input type="checkbox"/> Attendant <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):				
10. Mother's Name Prior to First Marriage First				Middle		Last		11. Date of Birth (mm/dd/yyyy)	12. Birthplace (State, Territory or Foreign Country)
JOAN				MARIE		BUCK		05/08/1926	CONNECTICUT
13a. Residence - State		13b. County		13c. City, Town or Location		13d. Street Address or Rural Location			
TEXAS		TRAVIS		AUSTIN		900 SOUTH LAMAR # 207			
13e. Zip Code	13f. Inside City Limits	14. Mailing Address:			<input checked="" type="checkbox"/> Same As Residence, or:				
78704	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
15. Father's Name First		Middle		Last		Suffix	16. Date of Birth (mm/dd/yyyy)	17. Birthplace (State, Territory or Foreign Country)	
DAVID		JAMES		DOE			07/04/1918	RHODE ISLAND	
18a. Local File Number		18b. Date Received by Local Registrar			18c. Signature of Local Registrar				
0218731		01/02/1950			<i>Rosario Moreno</i>				

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000. 346103



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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 191.061, Health and Safety Code. Law enforcement inquiries: 512-972-5220

DATE ISSUED:

