BIRTH

Year:	_ Volume:	Page:	Record:	Certi	ficate:	
City/Town:		Cour	nty:		_ State:	
Date of Birth:		Time:		Multiple?		
Name of Child:_				Sex:	Race:	
Mother:				Age/DoB:		
Birthplace:						
Occupation:		Reside	ence:			
This is mother's _	birth (number)	Number of child	dren still living:	_		
Birthplace:						
Occupation:		Reside	ence:			
Physician:						
Informant:		Record Date:				
Other Comments	s and sourcing inforr	mation (film reel#,	etc):			
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Date of Search:		Place:		Researcher:		