

BIRTH

Year: _____ Volume: _____ Page: _____ Record: _____ Certificate: _____

City/Town: _____ County: _____ State: _____

Date of Birth: _____ Time: _____ Multiple? _____

Name of Child: _____ Sex: _____ Race: _____

Mother: _____ Age/DoB: _____

Birthplace: _____

Occupation: _____ Residence: _____

This is mother's ___ birth (number) Number of children still living: _____

Father: _____ Age/DoB: _____

Birthplace: _____

Occupation: _____ Residence: _____

Hospital: _____

Physician: _____

Informant: _____ Record Date: _____

Other Comments and sourcing information (film reel#, etc):

Date of Search: _____ Place: _____ Researcher: _____