

INTRODUCTION

FIGURE 2

U. S. DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE
Public Health Service

(1949 Revision of Standard Certificate)
CERTIFICATE OF LIVE BIRTH

STATE OF		BIRTH NO.	
1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY		a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		b. COUNTY	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME			
a. (First)		b. (Middle)	c. (Last)
<i>(Type or print)</i>			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
	SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
FATHER OF CHILD			
7. FULL NAME			8. COLOR OR RACE
a. (First)		b. (Middle)	c. (Last)
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME			13. COLOR OR RACE
a. (First)		b. (Middle)	c. (Last)
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?
		c. How many children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT			
<i>I hereby certify that this child was born alive on the date stated above.</i>	18a. SIGNATURE		18b. ATTENDANT AT BIRTH
	18c. ADDRESS		M. D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
FOR MEDICAL AND HEALTH USE ONLY <i>(This section MUST be filled out)</i>			
22a. LENGTH OF PREGNANCY WEEKS	22b. WEIGHT AT BIRTH LBS. OZS.	23. LEGITIMATE YES <input type="checkbox"/> NO <input type="checkbox"/>	

(SPACE FOR ADDITION OF MEDICAL AND HEALTH ITEMS BY INDIVIDUAL STATES)