

CERTIFICATE OF LIVE BIRTH

STATE OF MISSISSIPPI

REGISTRAR'S
DATE

STATE FILE
NUMBER **123-**

CHILD	1. CHILD - NAME First Middle Last			2a. DATE OF BIRTH (Month, Day, Year)	2b. HOUR OF BIRTH m.	
	3. SEX	4a. THIS BIRTH SINGLE, TWIN, TRIPLET, ETC. (Specify)	4b. IF NOT SINGLE BIRTH BORN, FIRST, SECOND, ETC. (Specify)	5. BIRTH WEIGHT (Enter only in the type of measure on the scales used) lbs. ozs. OR grams		
	6a. CITY OR TOWN OF BIRTH (If not either, give street address or route number)				6b. COUNTY OF BIRTH	
FATHER	7a. FATHER - NAME First Middle Last			7b. RACE (Specify White, Black, American Indian, etc.)	7c. DATE OF BIRTH (Month, Day, Year)	7d. STATE OF BIRTH
MOTHER <small>For RESIDENCE items, enter actual location of home rather than mailing address.</small>	8a. MOTHER - NAME First Middle Maiden			8b. RACE (Specify White, Black, American Indian, etc.)	8c. DATE OF BIRTH (Month, Day, Year)	8d. STATE OF BIRTH
	9a. RESIDENCE - STATE	9b. COUNTY	9c. CITY OR TOWN	9d. INSIDE CITY LIMITS (Specify Yes or No)	9e. STREET AND NUMBER OR RURAL LOCATION	
	10a. MAILING ADDRESS - STREET AND NUMBER OR ROUTE AND BOX NUMBER			10b. CITY OR TOWN	10c. STATE AND ZIP CODE	
INFORMANT	11a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT. SIGNATURE OF EITHER PARENT >				11b. DATE SIGNED (Month, Day, Year)	
CERTIFIER	12a. I CERTIFY THAT THIS STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE >				12b. DATE SIGNED (Month, Day, Year)	
REGISTRAR	13a. REGISTRAR SIGNATURE >				13b. DATE CERTIFICATE RECEIVED (Month, Day, Year)	