

_____ date of issue

BIRTH CERTIFICATE

This is to certify that

_____ name of mother

_____ date of birth

_____ personal no.

_____ address

gave birth to a living male / female at

_____ name of hospital

_____ address

on

_____ day

_____ month

_____ year

date of birth

at

_____ time of birth

o'clock.

signature _____

_____ name and position of signatory

Hospital stamp