



CERTIFICATE OF BIRTH

(Baby Name Here)

Hospital Name -----

Sex: ----- Male/Female Mother: -----

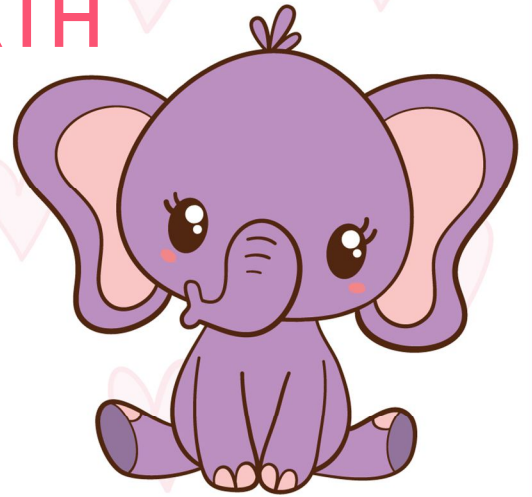
Weight: ----- Given Name: -----

Height: ----- Family Name: -----

Date of Birth: 00/00/0000 Father Name: -----

Place of Birth: Area, City, State

Doctor Signature: ----- MS Signature: -----



It's a girl!