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COUNTY OF EXAMPLE · OFFICE OF THE REGISTRAR

CERTIFICATE OF LIVE BIRTH

Certified copy

State file number: **2015-041-08832**

Local registration number: **3317**

CHILD

NAME (FIRST, MIDDLE, LAST):		SEX:
EMMA GRACE NOVAK		Female
DATE OF BIRTH:	**HOUR:**	**COUNTY OF BIRTH:**
March 9, 2015	11:52 PM	Example County
PLACE OF BIRTH:		
Riverside Medical Center, Springfield		

PARENTS

MOTHER'S NAME PRIOR TO FIRST MARRIAGE:	BIRTHPLACE:
LAURA ANNE BENNETT	Ohio
FATHER'S NAME:	**BIRTHPLACE:**
DANIEL JAMES NOVAK	Illinois

CERTIFICATION

ATTENDANT:	DATE FILED:	LOCAL REGISTRAR:
M. Torres, MD	March 13, 2015	Karen Ellis

AMENDMENTS:

None.

SPECIMEN



Karen Ellis
Local Registrar

Fictitious document created as an example. All names and data are invented.