



**THIS IS THE CORRECT
BIRTH CERTIFICATE
ISSUED BY THE STATE:**

WEST VIRGINIA DIVISION OF HEALTH
 VITAL REGISTRATION
 CHARLESTON, WV 25339-1012
 CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER

ID: BCABW20121109131843

CHILD	1. CHILD'S NAME (First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)	3. TIME OF BIRTH
	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH		6. COUNTY OF BIRTH
	7. PLACE OF BIRTH		8. FACILITY NAME (If not institution, give street and number)	
CERTIFIER/ ATTENDANT	9. I certify that this child was born alive at the place and time and on the date stated. Signature		10. DATE SIGNED (Month, Day, Year)	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (If yes, print)
	12. CERTIFIER'S NAME AND TITLE (type/print)		13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route No., City or Town, State, Zip Code)	
MOTHER	14. MOTHER'S NAME (First, Middle, Last)		14b. MAIDEN SURNAME	15. DATE OF BIRTH (Month, Day, Year)
	16. BIRTH PLACE (State or Foreign Country)	17a. RESIDENCE - STATE	17b. COUNTY	17c. CITY, TOWN OR LOCATION
	17d. STREET AND NUMBER	17e. INSIDE CITY LIMITS (Yes/No)	18. MOTHER'S MAILING ADDRESS (If same as residence enter zip code only)	
FATHER	19. FATHER'S NAME (First, Middle, Last)		20. DATE OF BIRTH (Month, Day, Year)	21. BIRTH PLACE (State or Foreign Country)
INFORMANT	22. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.			
	23. REGISTRAR'S SIGNATURE			24. DATE FILED BY REGISTRAR (Month, Day, Year)

STATE COPY