**Doctor Signature** --------------------------

**MS Signature** ------------------------------

**It is certified that --------------------------**

Birth Certificate Template

**Given Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Name:** \_\_\_\_\_\_\_\_\_\_\_\_

**Mother Name:** \_\_\_\_\_\_\_\_\_\_\_\_

**Father Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: ---------------

Place of Birth: Area, City, State

**Child Description**

Sex: Male/Female Weight: -----------------

Height: ----------------------

***Birth Certificate Template***