

- Full size (long form): Used most often to obtain a passport. It's also typically required for purposes of dual citizenship, Indian Registry and immigration. Because this format contains information that can facilitate identify theft, we recommend that you order this format only when it is required.

CERTIFICATION OF VITAL RECORD
CITY OF AUSTIN

STATE OF TEXAS CERTIFICATE OF BIRTH BIRTH NUMBER

1. Name First: [Redacted] Middle: [Redacted] Last: [Redacted]	2. Date of Birth 01-04-2004	3. Sex [Redacted]		
NEWBORN 4a. Place of Birth - County: TRAVIS	4b. City or Town (If outside city limits, give precinct no.): AUSTIN	5. Time of Birth: 12:01 AM	6a. Plurality - Single, Twin, Triplet, etc: SINGLE	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc:
7a. Place of Birth <input type="checkbox"/> Residence <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital	7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address): SETON MEDICAL CNTR.			
8a. Attendant's Name and Mailing Address [Redacted] AUSTIN, TX. 78665	8b. Certifies - I certify that this child was born alive at the place and time and on the date as stated. [Redacted] 4/1/04 Date Signed			
9b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):	9c. Attendant <input type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):			
10. Name First: [Redacted] Middle: [Redacted] Maiden Surname: [Redacted]	11. Date of Birth: [Redacted]	12. Birthplace (State or Foreign Country): OHIO		
MOTHER 13a. Residence - State: TEXAS	13b. County: TRAVIS	13c. City or Town: AUSTIN	14. Street Address: [Redacted] Rural Location:	
13e. Inside City Limits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only): 78754			
FATHER 15. Name First: [Redacted] Middle: [Redacted] Last: [Redacted]	16. Date of Birth: [Redacted]	17. Birthplace (State or Foreign Country): CALIFORNIA		
REGISTRAR 18a. Registrar's File Number: [Redacted]	18b. Date Received by Local Registrar:	18c. Signature of Local Registrar: [Redacted]		

S26 [Redacted]

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED APR 16 2004 *Raguel [Redacted] Local Registrar* **VOID**

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.