- Full size (long form): Used most often to obtain a passport. It's also typically required for purposes of dual citizenship, Indian Re gistry 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

NEWBORN

1. Name First	Middle	Last	2. Date of Birth	3. Sex
[redacted]		[redacted]	01-04-2004	[redacted]

4a. Place of Birth - County	4b. City or Town (If outside city limits, give precinct no.)	5. Time of Birth	6a. Plurality - Single, Twin, Triplet, etc	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.
TRAVIS	AUSTIN	12:01 AM	SINGLE	

7a. Place of Birth ☐ Clinic / Doctor's Office ☐ Licensed Birthing Center ☒ Hospital ☐ Residence ☐ Other (Specify):

7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address): SETON MEDICAL CNTR.

ATTENDANT/CERTIFIER

8a. Attendant's Name and Mailing Address: [redacted] AUSTIN, TX. 78665

9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. [redacted] Signature and Title — Date Signed: 4/1/04

8b. ☒ MD ☐ DO ☐ CNM ☐ Midwife ☐ Other (Specify):

9b. ☒ Attendant ☐ Facility Administrator / Designee ☐ Other (Specify):

MOTHER

10. Name First	Middle	Maiden Surname	11. Date of Birth	12. Birthplace (State or Foreign Country)
[redacted]		[redacted]	[redacted]	OHIO

13a. Residence - State	13b. County	13c. City or Town	13d. Street Address or Rural Location
TEXAS	TRAVIS	AUSTIN	[redacted]

13e. Inside City Limits	14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only)
☒ Yes ☐ No	78754

FATHER

15. Name First	Middle	Last	16. Date of Birth	17. Birthplace (State or Foreign Country)
[redacted]		[redacted]	[redacted]	CALIFORNIA

REGISTRAR

18a. Registrar's File Number	18b. Date Received by Local Registrar	18c. Signature of Local Registrar

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

Local Registrar

VOID

REGISTRAR OF VITAL STATISTICS CITY OF AUSTIN

THE STATE OF TEXAS

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR FRAUD VOIDS THE CERTIFICATE