

CERTIFICATION OF BIRTH RECORD

Recreation of Birth Facts

County: _____ State File Number: _____

The Ohio Department of Health, Office of Vital Statistics, is unable to provide a photographic reproduction of this birth certificate as originally filed. The signature and seal here below certify that this is a true summary of the record as filed by the local registrar at the time of birth.

C H I L D	Full Name at Time of Birth		Sex
	Place of Birth (City, County)	Date of Birth (MM/DD/YYYY)	Time of Birth
F A T H E R	Name of Father	M O T H E R	Maiden Name of Mother
	Age of Father (At time of this birth)		Age of Mother (At time of this birth)
	Birthplace of Father		Birthplace of Mother
ATTENDANT	Name and Title of Attendant	Date Signed by Attendant	

Date Filed: _____ Local Registrar: _____

The following information may be noted if present on the certificate as originally filed. This may be omitted if unknown or illegible and may include confidential medical information.

CHILD	Single, Twin, Triplet, etc.?	Birth Order (1 st , 2 nd , etc.)	Weight at Birth
BIRTH	Birth Facility (Name of Street Address)		Mother's Address at Time of Birth
MOTHER	Occupation	Race/Ethnicity	Number of Other Children Now Living
FATHER	Occupation	Race/Ethnicity	Number of Other Children Now Dead

For Office Use Only - The Following Sources were used to Recreate this Birth Record:

<input type="checkbox"/> Electronic Birth Index:	<input type="checkbox"/> Scanned Index Images:	<input type="checkbox"/> Physical Birth Index:
<input type="checkbox"/> Local Health Dept. File Copy:	<input type="checkbox"/> Previously Issued Certificate:	
REASON FOR RECREATION:	<input type="checkbox"/> Original Damaged:	<input type="checkbox"/> Unable to Reproduce:
	<input type="checkbox"/> Original Lost:	<input type="checkbox"/> Local Copy Only: