

Superintendent Registrar's District					Registrar's District					
BIRTHS Registered in the District of _____ in the Union of _____										
in the Count _____ of _____										
No. (1.)	Date and Place of Birth. (2.)	Name (if any). (3.)	Sex. (4.)	Name and Surname and Dwelling-place of Father. (5.)	Name and Surname and Maiden Surname of Mother (6.)	Rank or Profession of Father. (7.)	Signature, Qualification; and Residence of Informant. (8.)	When Registered. (9.)	Signature of Registrar. (10.)	Registration Name if added after Registration of Birth, and Date. (11.)
	18 _____				formerly			18 _____	Registrar.	
	18 _____				formerly			18 _____	Registrar.	
	18 _____				formerly			18 _____	Registrar.	
	18 _____				formerly			18 _____	Registrar.	
	18 _____				formerly			18 _____	Registrar.	
	18 _____				formerly			18 _____	Registrar.	
	18 _____				formerly			18 _____	Registrar.	
	18 _____				formerly			18 _____	Registrar.	
	18 _____				formerly			18 _____	Registrar.	
	18 _____				formerly			18 _____	Registrar.	

BINDING EDGE—(This Margin not to be written on.)

I _____ Registrar of Births and Deaths in the District of _____ in the Union of _____ in the Count _____ of _____ do hereby certify, that this is a true Copy of the Registrar's Book of Births within the said District, from the Entry of the Birth of _____ No. _____ to the Entry of the Birth of _____ No. _____

Witness my hand, this _____ day of _____ 18____.

I have examined the above, and compared it with the said original Registrar's Book, and hereby certify that it is a true Copy.

_____ Registrar.
Witness my hand, this _____ day of _____ 18____.

_____ Superintendent Registrar.