

118
311

[Please note that all Copies made on this Page should be certified at foot.]

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Second Page.

Superintendent Registrar's District _____					Registrar's District _____					
BIRTHS Registered in the District of _____ in the Union of _____										
in the County. 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.)	Baptismal Name if added after Registration of Birth, and Date. (11.)
	19 _____				formerly			19 _____	Registrar.	
	19 _____				formerly			19 _____	Registrar.	
	19 _____				formerly			19 _____	Registrar.	
	19 _____				formerly			19 _____	Registrar.	
	19 _____				formerly			19 _____	Registrar.	
	19 _____				formerly			19 _____	Registrar.	
	19 _____				formerly			19 _____	Registrar.	
	19 _____				formerly			19 _____	Registrar.	
	19 _____				formerly			19 _____	Registrar.	
	19 _____				formerly			19 _____	Registrar.	

BINDING EDGE OF THIS MARGIN NOT TO BE WRITTEN ON

* Should the Copy be certified by the Assistant or Interim Registrar, or Assistant or Interim Superintendent Registrar, (as the case may be) the words "Assistant" or "Interim" (as the case may be) should be written in the margin.

I, _____, Registrar of Births and Deaths in the District of _____ in the Union of _____ in the County 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 _____ 19 _____

* Registrar.

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

Witness my hand, this _____ day of _____ 19 _____

* Superintendent Registrar.