

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

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.	

* Should the Copy be certified by the Assistant or Interim Registrar, or Assistant or Interim Superintendent Registrar, please insert word "Assistant" or "Interim" as the case may be.

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.