UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF LIVE BIRTH

CHILD - NAME
LOCAL FILE NUMBER

FIRST MIDDLE LAST

DATE OF BIRTH (MONTH, DAY, YEAR)

SEX

THIS BIRTH — SINGLE, TWIN, TRIPLETS, ETC.

IF NOT SINGLE BIRTH — BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)

COUNTY OF BIRTH

CITY, TOWN, OR LOCATION OF BIRTH
INSIDE CITY LIMITS (SPECIFY YES OR NO)
HOSPITAL — NAME

MOTHER — MAIDEN NAME

FIRST MIDDLE LAST

AGE AT TIME OF THIS BIRTH
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

RESIDENCE — STATE
COUNTY
CITY, TOWN, OR LOCATION
INSIDE CITY LIMITS (SPECIFY YES OR NO)
STREET AND NUMBER

FATHER — NAME

FIRST MIDDLE LAST

AGE AT TIME OF THIS BIRTH
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

INFORMANT

DATE SIGNED (MONTH, DAY, YEAR)
ATTENDANT — M.D., D.O., MIDWIFE,OTHER (SPECIFY)

CERTIFIER — NAME
(TYPE OR PRINT)
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

REGISTRAR — SIGNATURE

DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

RACE — FATHER
EDUCATION — SPECIFY HIGHEST GRADE COMPLETED

PREVIOUS DELIVERIES — HOW MANY OTHER CHILDREN

WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)

ELEMENTARY (6, 7, 8, 9, 10, 11, 12)
HIGH SCHOOL (12, 13, 14, 15)
COLLEGE (15, 16, 17, 18)

ARE HOW LIVING
WERE BORN ALIVE
WERE DEAD AT ANY TIME

RACE — MOTHER
EDUCATION — SPECIFY HIGHEST GRADE COMPLETED

WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)

ELEMENTARY (6, 7, 8, 9, 10, 11, 12)
HIGH SCHOOL (12, 13, 14, 15)
COLLEGE (15, 16, 17, 18)

DATE LAST NORMA L MENSES BEGAN MONTH DAY YEAR
MONTH OF PREGNANCY PRENATAL CARE BEGAN FIRST, SECOND, THIRD, ETC. (SPECIFY)

PREGNATAL VISITS TOTAL NUMBER
117 NONE, 30 STATE /

LEGITIMATE (SPECIFY YES OR NO)

BIRTH WEIGHT

PROPHYLACTIC DRUG USED

DEATH UNDER ONE YEAR OF AGE ENTER STATE FILE NUMBER OF DEATH CERTIFICATE FOR THIS CHILD.

MULTIPLE BIRTHS ENTER STATE FILE NUMBER FOR MATERNITY

LIVE BIRTH(S)

FETAL DEATH(S)

SDH-VS-2R-12/67