

STATE OF TEXAS  
CERTIFICATION OF VITAL RECORD

CITY OF BAYTOWN

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER

1. Child's Name First Middle Last Suffix [REDACTED]				2. Date of Birth (mm/dd/yyyy) [REDACTED]		3. Sex [REDACTED]			
4a. Place of Birth - County HARRIS		4b. City or Town (If outside city limits, give precinct no.) BAYTOWN		5. Time Of Birth [REDACTED]		6a. Plurality - Single, Twin, Triplet, etc. SINGLE		6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.	
7a. Place Of Birth <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth <input type="checkbox"/> Other (Specify):				7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) HOUSTON METHODIST BAYTOWN HOSPITAL.					
8a. Attendant's Name, NPI, and Mailing Address [REDACTED]				9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. [REDACTED] Signature and Title [REDACTED] Date Signed					
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):				9b. <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator / Designee <input checked="" type="checkbox"/> Other (Specify): CERTIFIER					
10. Mother's Name Prior to First Marriage First Middle Last Suffix [REDACTED]				11. Date of Birth (mm/dd/yyyy) [REDACTED]		12. Birthplace (State, Territory or Foreign Country) [REDACTED]			
13a. Residence - State [REDACTED]		13b. County [REDACTED]		13c. City, Town or Location [REDACTED]		13d. Street Address or Rural Location [REDACTED]			
13e. Zip Code [REDACTED]		13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or: (If Same As Residence, Enter Zip Code Only)					
15. Father's Name Prior to First Marriage First Middle Last Suffix [REDACTED]				16. Date of Birth (mm/dd/yyyy) [REDACTED]		17. Birthplace (State, Territory or Foreign Country) [REDACTED]			
18a. Local File Number [REDACTED]		18b. Date Received By Local Registrar [REDACTED]		18c. Signature of Local Registrar Angela Jackson					

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

213560

Long Form



This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED September 27, 2023

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Angela Jackson  
Angela Jackson  
Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE