

CERTIFICATION OF VITAL RECORD

City of Corpus Christi, Texas
Bureau of Vital Statistics

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER

1. Child's Name First Middle Last			2. Date of Birth (mm/dd/yyyy)		3. Sex
JULIAN ALEJANDRO ARCOS			07/23/2012		MALE
4a. Place of Birth - County	4b. City or Town (If outside city limits, give precinct no.)		5. Time of Birth	6a. Plurality - Single, Twin, Triplet, etc.	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.
NUECES	CORPUS CHRISTI		12:41 PM	SINGLE	
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 (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify):			7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address)		
			CHRISTUS SPOHN HOSPITAL SOUTH		
8a. Attendant's Name, NPI, and Mailing Address			9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated.		
NABIL ELMILADY 2601 HOSPITAL BLVD STE 205 CORPUS CHRISTI, TEXAS 78405			CHRISTINA TREVINO Signature and Title		07/24/2012 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 checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):		
10. Mother's Name Prior to First Marriage First Middle Last			11. Date of Birth (mm/dd/yyyy)	12. Birthplace (State, Territory or Foreign Country)	
PAOLA FERNANDA MENDEZ			01/07/1980	ECUADOR	
13a. Residence - State	13b. County	13c. City, Town or Location	13d. Street Address or Rural Location		
TEXAS	NUECES	CORPUS CHRISTI	4526 ODEM DRIVE		
13e. Zip Code	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or:			
78415					
15. Father's Name First Middle Last			16. Date of Birth (mm/dd/yyyy)	17. Birthplace (State, Territory or Foreign Country)	
MANUEL ALEXANDER ARCOS			01/05/1976	ECUADOR	
18a. Local File Number		18b. Date Received by Local Registrar	18c. Signature of Local Registrar		
023523		07/24/2012	Annette Rodriguez, MPH		

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.

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CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS
COUNTY OF NUECES

DATE ISSUED JUL 30 2012

This is a true reproduction of the document officially registered and recorded on file in the BUREAU OF VITAL STATISTICS, CORPUS CHRISTI NUECES COUNTY HEALTH DEPARTMENT.

Annette Rodriguez, MPH
LOCAL REGISTRAR

