**Section 500.APPENDIX A Birth Records**

**Section 500.ILLUSTRATION A Certificate of Live Birth**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | MATCHING DC | | | | | | | STATE OF ILLINOIS | | | | | | | | | | | | | CHILD'S BIRTH NUMBER | | | | | | | | |
| TYPE/PRINT IN | REGISTRATION | | | | | | |  | | | | | |  | | | | | | | | | | | 112- | | | | |
| PERMANENT | DISTRICT NO. | | | | | | | CERTIFICATE OF LIVE BIRTH | | | | | | | | | | | | |  | | | | | | | | |
| BLACK INK | REGISTERED | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | |
| INSTRUCTIONS | NUMBER | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | |
| SEE | CHILD'S NAME FIRST MIDDLE LAST | | | | | | | | | | | | | | | DATE OF BIRTH (MONTH DAY YEAR) | | | | | | | | | TIME OF BIRTH | | | | |
| HANDBOOK | 1. | | | | |  | | | | | | | | | | 2. | | | | | | | | | 3. | | | | M |
| CHILD | SEX | | CHILD'S BLOOD TYPE | | | | | | | | CITY, TOWN, TWP., ROAD DIST. NO. OR LOCATION OF BIRTH | | | | | | | | | | | | | COUNTY OF BIRTH | | | | | | |
|  | 4. | | 5. | | | | | | | | 6. | | | | | | | | | | | | | 7. | | | | | | |
|  | PLACE OF BIRTH | | | |  | | | | | | | FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER | | | | | | | | | | | | | | | | | | |
|  |  | | | □ HOSPITAL | | | | | | □ RESIDENCE | |  | | | | | | | | | | | | | | | |  | | |
|  | 8. OTHER (SPECIFY) | | | |  | | | | | | | 9. | | | | | | | | | | | | | | | |  | | |
|  | I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE | | | | | | | | | | | DATE SIGNED (MONTH, DAY, YEAR) | | | | | | | ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPE PRINT) | | | | | | | | | | | |
|  | PLACE AND TIME AND ON THE DATE STATED: | | | | | | | | | | | 10b | | | | | | | NAME | |  | | | | | | | | | |
|  | SIGNATURE | | | | | | | | | | | ILLINOIS LICENSE NUMBER | | | | | | | □ M.D. | | | □ D.O. | | | | | | | | |
| CERTIFIER  ATTENDANT | 10a. ► | | | | | | | | | | | 10c | | | | | | | 11. OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| CERTIFIER'S NAME AND TITLE (TYPE PRINT) | | | | | | | | | | | ATTENDANTS MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) | | | | | | | | | | | | | | | | | | |
|  | NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | □ M.D. | □ D.O | | | | □ HOSPITAL ADMINISTRATOR | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | 12. OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | 13. | | | | | | | |  | | | | | | | | | | |
|  | LOCAL REGISTRAR'S | | | | | |  | | | | | | | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | | | | | | | | | | | | | | | |
|  | 14. SIGNATURE► | | | | | | | | | | | | | | 15. | | | | | | | |  | | | | | | | |
|  | MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST) | | | | | | | | | | | | | DATE OF BIRTH (MONTH , DAY , YEAR) | | | | | | | | | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | | | | | | |
|  | 16. | | | | | | | | | | | | | 17. | | | | | | | | | 18. | | | | | | | |
|  | RESIDENCE-STREET AND NUMBER | | | | | | | | | | | | | | | | CITY, TOWN, TWP., OR ROAD DIST. NO. | | | | | | | | | | INSIDE CITY (YES / NO) | | | |
| MOTHER | 19a. | | | | | | | | | | | | | | | | 19b. | | | | | | | | | | 19c. | | | |
|  | COUNTY | | STATE | | | | | | MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY) | | | | | | | | | | | | | | | | |  | | | | |
|  | 19d. | | 19e. | | | | | | 19f. | | | | | | | | | | | | | | | | |  | | | | |
| FATHER | FATHER'S NAME (FIRST, MIDDLE, LAST) | | | | | | | | | | | | DATE OF BIRTH (MONTH, DAY, YEAR) | | | | | | | | | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | | | | | | | |
|  | 20. | | | | | | | | | | | | 21. | | | | | | | | | 22. | | | | | | | | |
| INFORMANT | 23. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNWOLEDGE AND BELIEF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 23a. MOTHER'S SIGNATURE ► | | | | | | | | | | | | | | | | | 23b. FATHER'S SIGNATURE► | | | | | | | | | | | | |

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)