**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. |
| CERTIFIERATTENDANT | 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)