**Section 500.APPENDIX B Delayed Birth Records**

**Section 500.ILLUSTRATION B Delayed Record of Birth**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VR-141A(1978) | *Type or Print in*PERMANENT INK | REGISTRATIONDISTRICT NO | **DELAYED RECORD OF BIRTH** | CHILD'S BIRTH NUMBER |
| (AGE 12 MONTHS TO 7 YEARS) | 112- |
| **THIS IS A PERMANENT RECORD****• USE TYPEWRITER WITH BLACK RIBBON OR PRINT WITH PEN USING BLACK INK****• ALL SIGNATURES MUST BE HAND WRITTEN IN PEN AND INK**THIS DELAYED RECORD OF BIRTH MUST BE EXECUTED IN ACCORDANCE WITH THE PROVISIONS OF PARAGRAPH 73–14 OF THE VITAL RECORDS ACT |  | CHILD – *NAME* | FIRST | MIDDLE | LAST | DATE OF BIRTH (MONTH DAY YEAR) |
|  |  |
| 1. | 2a. |
| HOUR | SEX | HOSPITAL - *NAME* | (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) |
| CHILD |  |  |  |
|  | 2b. | M. | 3. | 4a. |
|  | CITY, TOWN, TWP. OR ROAD DISTRICT NO. | COUNTY |
|  |  |  |
|  | 4b. | 4c. |
|  | MOTHER – *MAIDEN NAME* | FIRST | MIDDLE | LAST | AGE (AT TIME OF THIS BIRTH) | STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) |
|  | 5a. | 5b. | 5c. |
| MOTHER | RESIDENCE | STREET AND NUMBER | CITY, TOWN, TWP. OR ROAD DISTRICT NO | INSIDE CITY (YES/NO) | COUNTY | STATE |
|  | 6a. | 6b. | 6c. | 6d. | 6e. |
|  | MOTHER'S COMPLETE MAILING ADDRESS | STREET AND NUMBER OR R.F.D. | CITY OR TOWN | STATE | ZIP |
|  | 7. |
| FATHER | FATHER –  *NAME* | FIRST | MIDDLE | LAST | AGE (AT TIME OF THIS BIRTH) | STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) |
|  | 8a. | 8b. | 8c. |
| THIS RECORD SHALL BE PRESENTED FOR FILING TO THE STATE REGISTRAR OF VITAL RECORDS AT SPRINGFIELD.WHEN ACCEPTED AND FILED AN EXACT COPY WILL BE FURNISHED THE COUNTY CLERK OF THE COUNTY IN WHICH THE BIRITH OCCURRED. | 9. **AFFIDAVIT:** I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. |
| a.) SIGNED: |  |  | b.) ADDRESS |  |
|  | (PARENT – LEGAL GUARDIAN) |  |
|  |  |  |
| (SEAL) | c.) SUBSCRIBED AND SWORN TO BEFORE ME THIS  |  | DAY OF |  | , | 19 |  |
|  | AT |  |  |  |
|  | (PLACE) | COUNTY CLERK OR NOTARY PUBLIC |
| **APPLICANT! DO NOT WRITE BELOW THIS LINE** |
| KIND OF DOCUMENT AND DATE MADE | INFORMATION GIVEN IN DOCUMENT AS TO BIRTH DATE,BIRTHPLACE, AND PARENTS |
| ABSTRACT OF SUPPORTING EVIDENCE | DOCUMENTNO. 1 |  | AGE OR BIRTH DATE: |
|  | BIRTHPLACE: |
|  | FATHER: |
|  | MOTHER: |
| DOCUMENTNO. 2 |  | AGE OR BIRTH DATE: |
|  | BIRTHPLACE: |
|  | FATHER: |
|  | MOTHER: |
| DOCUMENTNO. 3 |  | AGE OR BIRTH DATE: |
|  | BIRTHPLACE: |
|  | FATHER: |
|  | MOTHER: |
| DOCUMENTNO. 4 |  | AGE OR BIRTH DATE: |
|  | BIRTHPLACE: |
|  | FATHER: |
|  | MOTHER: |
| ACCEPTED AND FILED AT SPRINGFIELD FOR THE STATE REGISTRAR OF VITAL RECORDS |
|  |
| BY |  | , | DEPUTY STATE REGISTRAR, ON |  | , | 19 |  |
|  |  |  |
|  |  | THIS RECORD IS VALID ONLY IF IT HAS BEEN ACCEPTED BY AND FILED WITH THE STATE REGISTRAR OF VITAL RECORDS AT SPRINGFIELD, ILLINOIS |
|  |  | OFFICE OF VITAL RECORDS – ILLINOIS DEPARTMENT OF PUBLIC HEALTH – SPRINGFIELD 62761 |