- **Full size (long form):** ***Used most often to obtain a passport***. It's also typically required for purposes of dual citizenship, Indian Registry and immigration. Because this format contains information that can facilitate identify theft, we recommend that you order this format only when it is required.

CERTIFICATION OF VITAL RECORD

CITY OF AUSTIN

STATE OF TEXAS — CERTIFICATE OF BIRTH — BIRTH NUMBER

NEWBORN	1. Name: First [redacted] Middle Last [redacted]			2. Date of Birth: 01-04-2004	3. Sex: [redacted]
	4a. Place of Birth - County: TRAVIS	4b. City or Town (If outside city limits, give precinct no.): AUSTIN	5. Time of Birth: 12:01 AM	6a. Plurality - Single, Twin, Triplet, etc: SINGLE	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.
	7a. Place of Birth: ☐ Clinic / Doctor's Office ☐ Licensed Birthing Center ☒ Hospital ☐ Residence ☐ Other (Specify):		7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address): SETON MEDICAL CNTR.		
ATTENDANT/ CERTIFIER	8a. Attendant's Name and Mailing Address: [redacted] AUSTIN, TX. 78665		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 — 4/1/04 Date Signed		
	8b. ☒ MD ☐ DO ☐ CNM ☐ Midwife ☐ Other (Specify):		9b. ☒ Attendant ☐ Facility Administrator / Designee ☐ Other (Specify):		
MOTHER	10. Name: First [redacted] Middle Maiden Surname [redacted]			11. Date of Birth: [redacted]	12. Birthplace (State or Foreign Country): OHIO
	13a. Residence - State: TEXAS	13b. County: TRAVIS	13c. City or Town: AUSTIN	13d. Street Address or Rural Location: [redacted]	
	13e. Inside City Limits: ☒ Yes ☐ No	14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only): 78754			
FATHER	15. Name: First [redacted] Middle Last [redacted]			16. Date of Birth: [redacted]	17. Birthplace (State or Foreign Country): CALIFORNIA
REGISTRAR	18a. Registrar's File Number	18b. Date Received by Local Registrar	18c. Signature of Local Registrar		

S26[redacted]

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED APR 16 2004

Local Registrar

VOID

REGISTRAR OF VITAL STATISTICS CITY OF AUSTIN

THE STATE OF TEXAS

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE