STATE OF MICHIGAN

LF _____

CF _____

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES

121- 2024-
STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

CHILD

1. CHILD - NAME (First) (Middle) (Last) (Suffix)

2. SEX	3a. PLURALITY - Single, Twin, Triplet, etc. (Specify)	3b. IF NOT SINGLE BIRTH - First, Second, Third, etc. (specify)	4a. DATE OF BIRTH (Month, Day, Year)	4b. TIME OF BIRTH
Male	Single	Not Applicable	_ , 2024	AM

PLACE

5a. HOSPITAL NAME (If not hospital, give Street and Number)	5b. CITY, VILLAGE, OR TOWNSHIP OF BIRTH	5c. COUNTY OF BIRTH
Hospital		Ottawa

MOTHER

6a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last)	6b. MOTHER'S FULL NAME BEFORE FIRST MARRIED (First, Middle, Last)

6c. STATE OF BIRTH - NAME COUNTRY IF NOT USA	6d. DATE OF BIRTH (Month, Day, Year)	6e. RESIDENCE - CITY, VILLAGE, OR TOWNSHIP (Check one box and specify)	6f. COUNTY	6g. STATE
		☐ INSIDE CITY OR VILLAGE OF _____ ☑ TWP OF South Haven Township		Michigan

FATHER

7a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last)	7b. STATE OF BIRTH - NAME COUNTRY IF NOT USA	7c. DATE OF BIRTH (Month, Day, Year)

INFORMANT

8a. I CERTIFY THAT THIS PERSONAL INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____
(PARENT OR OTHER INFORMANT)

8b. THE PARENT(S) REQUEST THAT INFORMATION ON THIS BIRTH BE RELEASED TO THE SOCIAL SECURITY ADMINISTRATION FOR ISSUANCE OF A SOCIAL SECURITY NUMBER AND CARD.

☒ YES ☐ NO

CERTIFICATION

9a. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME, AND ON THE DATE AS PROVIDED.

SIGNATURE _____ DATE ./2024

9b. CERTIFIER'S NAME AND TITLE (Print or Type)

Certifier

REGISTRAR

10a. REGISTRAR'S SIGNATURE

10b. DATE FILED BY LOCAL REGISTRAR (Month, Day, Year)

, 2024

DCH-0481H (5/12/10)

STATE OF MICHIGAN
COUNTY OF OTTAWA

Justin F. Roebuck
County Clerk/Register

I , Clerk of the Circuit Court of Ottawa County do hereby certify that this document is a true copy of the record now on file in the office of the Clerk/Register of said County and Court. IN TESTIMONY WHEROF, I have hereunto set my hand and ~~official seal~~ at the city of Grand Haven and Said County this AD- 2024

By _____ , Deputy County Clerk

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VRHS11(1/24) Authority: MCL 333.2882

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED