STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND
STATE OF MICHIGAN

LF _____

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

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
1				

PLACE

5a.HOSPITAL NAME (if not hospital, give street and number)	5b.CITY, VILLAGE, OR TOWNSHIP OF BIRTH	5c.COUNTY OF BIRTH

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) ☐ INSIDE CITY OR VILLAGE OF ☐ TWP. OF	6f.COUNTY	6g.STATE

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)
Christian Schulz		

INFORMANT

8a.I CERTIFY THAT THIS PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE (PARENT OR OTHER INFORMANT) DATE:	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 STATED ABOVE. SIGNATURE DATE:	9b.CERTIFIER'S NAME AND TITLE (print or type)

REGISTRAR

10a.REGISTRAR'S SIGNATURE	10b.DATE FILED BY LOCAL REGISTRAR (Month, Day, Year)

MDCH
DCH-0481 (3/04)

WARNING:
ANY REPRODUCTION IS PROHIBITED BY LAW.
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND EMBOSSED SEAL OF COUNTY OF OAKLAND.
NOT VALID IF PHOTOCOPIED.

_____
DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

Oakland County Clerk and Register of Deeds

By: _____ Deputy Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE