

Form No 1.

## CERTIFICATE OF BIRTH

FEDERAL BUREAU OF INVESTIGATION

43300

(1) PLACE OF BIRTH

Country of

Township of

or

City of

(If birth occurs in a hospital or other institution, give name of same)

(2) Full Name of Child

(3) Sex

(4) Date of Birth

(5) Time of Birth

(6) Place of Birth

(7) Name of Mother

(8) Name of Father

(9) Present Postoffice of Father

(10) Color or Race

(11) Age at Last Birthday

(12) Birthplace

(13) Occupation

(14) Number of children born to mother, including present birth

(15) Number of children of this mother now living, including present birth

## FATHER

(16) Name of Mother

(17) Name of Father

(18) Present Postoffice of Mother

(19) Color or Race

(20) Age at Last Birthday

(21) Birthplace

(22) Occupation

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