




Birth Center



LAPEER REGION

Cradle Roll

This Certifies that _____
 was born to _____
 in this Hospital at _____ o'clock ____ .m. on _____
 the _____ day of _____ 20_____

 ATTENDING PHYSICIAN

Birth Center



LAPEER REGION

Cradle Roll

This Certifies that _____
 was born to _____
 in this Hospital at _____ o'clock ____ .m. on _____
 the _____ day of _____ 20_____

 ATTENDING PHYSICIAN



Infant Information

Baby's Name _____

Sex _____ Weight _____ Length _____ inches

Baby's Left Foot Print



Baby's Right Foot Print



NOTE: THIS IS NOT THE OFFICIAL BIRTH CERTIFICATE

L-54 (4/15)

Infant Information

Baby's Name _____

Sex _____ Weight _____ Length _____ inches

Baby's Left Foot Print



Baby's Right Foot Print



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L-54 (4/15)