



FLINT

*This certifies that _____
was born to _____ in this Medical Center
at _____ .m. on _____ the _____ day of _____ 20 _____*

*In Witness Whereof the said Medical Center
has caused this certificate to be signed by its
duly authorized officer and its Official Seal to
be hereunto affixed*

President

Physician / Midwife



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President

Physician / Midwife

Family History

Father's full name _____ Date _____

Mother's full name _____ Date _____

Baby's weight _____ Baby's length _____ Sex _____

Baby's Left Foot Print

Baby's Right Foot Print

The law requires that the original certificate (not this document) be filed with the Vital Statistics Office at the Genesee County Court House from which an official copy may be obtained.

M-2007 (7/2)

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