

Certified Copy of
Birth Certificate



STATE OF RHODE ISLAND
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF LIVE BIRTH

RHODE ISLAND DEPARTMENT OF HEALTH
STATE FILE NUMBER [REDACTED]

CHILD'S NAME
[REDACTED]

DATE OF BIRTH [REDACTED] TIME OF BIRTH 8:13AM

SEX
FEMALE

PLACE OF BIRTH
[REDACTED]

CITY OR TOWN AND STATE OF BIRTH
[REDACTED]

CERTIFIER'S NAME/TITLE
[REDACTED]

ATTENDANT'S NAME/TITLE
[REDACTED]

MOTHER'S MAIDEN NAME
[REDACTED]

MOTHER'S DATE OF BIRTH
[REDACTED]

MOTHER'S AGE
[REDACTED]

MOTHER'S PLACE OF BIRTH
[REDACTED]

MOTHER'S RESIDENCE
[REDACTED]

FATHER'S NAME
[REDACTED]

FATHER'S DATE OF BIRTH
[REDACTED]

FATHER'S AGE
[REDACTED]

FATHER'S PLACE OF BIRTH
[REDACTED]

FILE DATE
[REDACTED]

GOVERNMENT
EXHIBIT

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I hereby certify that this is a true and exact copy of the document officially registered and placed on file in the issuing office.

2324351

Issuing Office STATE OFFICE, PROVIDENCE

Date of Issuance [REDACTED]

Signature of Registrar [REDACTED]

THIS COPY VALID ONLY IF ISSUED ON WATERMARKED PAPER CONTAINING SECURITY FIBERS, DISPLAYING SEAL AND SIGNATURE OF STATE OR LOCAL REGISTRAR

