

Birth Record Notes

City, County, State of Research: _____

Place of Research: _____

Date of Research: _____

Source Name: _____

Microfilm #: _____

Volume #: _____

Record #: _____

Page #: _____

Date of Birth: _____

Place of Birth: _____

Full Name of Child:

Father's Name:

Father's Age: _____

Father's Place of Birth:

Father's Occupation: _____

Mother's Name:

Mother's Age: _____

Mother's Place of Birth:

Mother's Occupation: _____

Doctor or Midwife: _____