Department of Public Health Division of Vital Statistics

CERTIFICATE OF LIVE BIRTH FOUNDLING

STATE OF IDAHO

State File	No	
Local Reg	No	
Req. Dist.	No.	

Boise, Idaho				Reg	Reg. Dist. No		
THIS CHILD	1. Child's Name	a. (First)	b. (N	Iddle)	c. (Last)		
				•			
		Color or Race	4• DATE (Approximate) OF BIRTH	(Month)	(Day) ((Year)	
PLACE OF FINDING OR ASSUMPTION OF CUSTODY	5a. County		outside corporate its write RURAL)	 Date of Finding of Assumption of Cu 		Day) (Year)	
PERSON OR INSTITU- TION WITH WHOM CHILD HAS BEEN PLACED IF ANY	7. Full Name of	Person or institution:	. 8. Ad	dress			
INFORMANT'S CERTIFICATION	certify that the foregoing in- formation is true and correct to the best of my knowledge and belief.				10. Date of Signature		
REGISTRAR'S CERTIFICATION	ll. Date accepte	d by Local Registrar 1:	2. Signature of Local R	egistrar 13.	Date filed by St Registrar	ate	

14. Brief statement of circumstances surrounding the finding of the child. (Use reverse side of certificate if more space is needed.)



Form DPH- 49066