

## BIRTH RECORD WORKSHEET

Name of ancestor at birth: \_\_\_\_\_  
 Other names used: \_\_\_\_\_  
 Variant spellings: \_\_\_\_\_  
 Date of birth (exact or approximate): \_\_\_\_\_  
 Place of birth (if known): \_\_\_\_\_  
 Places of residence later in life: \_\_\_\_\_  
 State birth registration start: \_\_\_\_\_ City/county birth registration dates: \_\_\_\_\_  
 Contact to request official record (if existing): \_\_\_\_\_  
 Restrictions on record access (if any): \_\_\_\_\_  
 Online databases to search: \_\_\_\_\_  
 \_\_\_\_\_  
 Microfilm to order: \_\_\_\_\_  
 Social Security number (if applicable): \_\_\_\_\_  
 Religious affiliation for baptism record (if known): \_\_\_\_\_

## BIRTH EXTRACTION FORM

Source citation: \_\_\_\_\_  
 Repository of original: \_\_\_\_\_  
 Date accessed: \_\_\_\_\_  
 Birth record file number: \_\_\_\_\_

Child's full name:	Father's birthplace:	Number of children born to mother:
Place of birth:	Father's color or race:	Number of children living:
Date of birth:	Father's occupation:	Informant:
Name of hospital (if given):	Mother's name:	Informant's relationship:
Sex:	Mother's age or date of birth:	Informant's address:
Twin or multiple birth?:	Mother's birthplace:	Date record was filed:
Legitimate?:	Mother's color or race:	If supplemental record, name of child:
Father's name:	Mother's occupation:	If supplemental record, other information:
Father's age or date of birth:	Residence of parents:	_____
		_____