# Darnall Army Community Hospital

This Certifies that _____

Was born at Darnall Army Community Hospital, Fort Hood, Texas On _____

Father's Full Name _____

Father's Birthplace _____ Date _____

Mother's Maiden Name _____ Date _____

Mother's Birthplace _____ Date _____

Residence at Birth _____

Sex _____ Weight at Birth _____ Pounds ____ Ounces Length _____ Inches

Delivered By _____

Bernard L. De Koning
Colonel, Medical Corps
Commander

John W. Reed
CSM, USA
Command Sergeant Major

*Baby's Left Footprint*

*Baby's Right Footprint*

*Mother's Thumbprints*

*Father's Thumbprints*

*This document should be carefully preserved. It is your family heirloom record of the facts pertaining to your child's birth. This is not a legal document, only a memento.*

FH MDA Form 393
15 July 03