

death life birth



Write **death, life or birth**
on your whiteboard.

death, life
or birth



Get ready for
round one!



ROUND

1

death life birth



**Congratulations on the
of your child.**

birth



Congratulations on the
birth of your child.

death life birth



He was
bored to _____.

death



He was
bored to death.

death life birth



**They are so full
of _____ !**

life



**They are so full
of life!**

death life birth



She gave
 to twins.

birth



She gave **birth**
to twins.

death life birth



He saved his

life



He saved his
life.

death life birth



**No, you will not
bleed to .**

death



**No, you will not
bleed to *death*.**

death life birth



**Get inside or you will
freeze to _____.**

death



Get inside or you will
freeze to death.

death life birth



What is your country of ?

birth



What is your country of birth?

death life birth



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**She is the _____
of the party.**

life



Copyright CSA Images

She is the **life
of the party.**

death life birth



**He weighed over seven
pounds at _____.**

birth



**He weighed over seven
pounds at birth.**

ROUND

2

death life birth



If knocks
on your door,
don't answer.

death



If **death** knocks
on your door,
don't answer.

death life birth



I feared for my



life



I feared for my
life.

death life birth

CERTIFICATION OF VITAL RECORDS

CLARK COUNTY

Certificate of Birth

Department of Public Health

CERTIFICATE OF LIVE BIRTH
UNITED STATES OF AMERICA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST <i>Jednathan</i>	1B. MIDDLE <i>Berry</i>	1C. LAST <i>Drennan</i>
	2. SEX <i>Male</i>	3A. THIS BIRTH SINGLE, TWIN, ETC. <i></i>	3B. IF MULTIPLE THIS CHILD 1ST, 2ND, ETC. <i></i>
		4A. DATE OF BIRTH - PRECISELY <i>01/03/2019</i>	4B. HOUR - 24 HOUR CLOCK TIME <i></i>
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <i>Belle Vue</i>	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <i>First ave South East</i>	
	5C. CITY <i>New York City</i>	5D. COUNTY <i>New York</i>	
NAME OF PARENT	6A. NAME OF PARENT - FIRST <i>Tim Drennan</i>	6B. MIDDLE <i></i>	6C. LAST - BIRTH NAME <i>Drennan</i>
	6D. NAME OF PARENT - FIRST <i>Katy</i>	6E. MIDDLE <i></i>	6F. LAST - BIRTH NAME <i>Perry</i>
INFORMATION AND BIRTH CERTIFICATION	7. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE <i></i>		
	8. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED <i></i>		
	9. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <i></i>		
CLERK OFFICER	10A. DATE OF DEATH - MM/DD/YY <i></i>	10B. STATE FILE NO - STATE USE ONLY <i></i>	10C. LOCAL REGISTER - SIGNATURE <i></i>
	11A. DATE ACCEPTED FOR REGISTRATION - MM/DD/YY <i></i>	11B. DATE SIGNED <i></i>	
	11C. DATE SIGNED <i></i>	11D. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <i></i>	
	12A. DATE OF DEATH - MM/DD/YY <i></i>	12B. RELATIONSHIP TO CHILD <i>JD</i>	
	12C. DATE SIGNED <i></i>	12D. DATE SIGNED <i></i>	
	12E. DATE SIGNED <i></i>	12F. DATE SIGNED <i></i>	
KEEP DOCUMENT IN A SAFE PLACE ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE			
CLERK			

Sample Document

This document is for demonstration purpose ONLY. the information contained in this document are not real.

Where is your certificate?

birth

CERTIFICATION OF VITAL RECORDS

Clark County

Certificate of Birth

Department of Public Health

CERTIFICATE OF LIVE BIRTH
UNITED STATES OF AMERICA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER				
THIS CHILD	1A. NAME OF CHILD - FIRST <i>Jednathan</i>	1B. MIDDLE <i>Berry</i>	1C. LAST <i>Drennan</i>			
	2. SEX <input checked="" type="checkbox"/> Male	3A. THIS BIRTH SINGLE, TWIN, ETC. <input type="checkbox"/>	3B. IF MULTIPLE THIS CHILD 1ST, 2ND, ETC. <input type="checkbox"/>			
PLACE OF BIRTH	4A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <i>Belle Vue</i>	5A. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <i>First ave South East</i>				
	5C. CITY <i>New York City</i>	5D. COUNTY <i>New York</i>				
NAME OF PARENT	6A. NAME OF PARENT - FIRST <i>Tim Drennan</i>	6B. MIDDLE <input type="checkbox"/>	6C. LAST - BIRTH NAME <i>Drennan</i>	6D. <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	6E. BIRTHPLACE - STATE/COUNTRY <input type="checkbox"/>	6F. DATE OF BIRTH <input type="checkbox"/>
	6A. NAME OF PARENT - FIRST <i>Katy</i>	6B. MIDDLE <input type="checkbox"/>	6C. LAST - BIRTH NAME <i>Perry</i>	6D. <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	6E. BIRTHPLACE - STATE/COUNTRY <input type="checkbox"/>	6F. DATE OF BIRTH <input type="checkbox"/>
INFORMATION AND BIRTH CERTIFICATION	7. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A. PARENT OF THE INFORMANT - SIGNATURE <i>JD</i>	12B. RELATIONSHIP TO CHILD <input type="checkbox"/>	12C. DATE SIGNED <input type="checkbox"/>	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>JD</i>	13B. LICENSE NUMBER <input type="checkbox"/>	13C. DATE SIGNED <input type="checkbox"/>	
15A. DATE OF DEATH - MM/DD/YY <input type="checkbox"/>	15B. STATE FILE NO - STATE USE ONLY <input type="checkbox"/>	16. LOCAL REGISTER - SIGNATURE <input type="checkbox"/>	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YY <input type="checkbox"/>			

Sample Document

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**KEEP DOCUMENT IN A SAFE PLACE
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

CLERK

Where is your birth certificate?

death life birth



They were happy to
announce the _____
of their first child.

birth



They were happy to
announce the **birth**
of their first child.

death life birth



He was not deaf at



birth



**He was not deaf at
birth.**

death life birth



You can always count
on _____ and taxes.

death



You can always count
on **death** and taxes.

death life birth



When gives
you lemons,
make lemonade

(make the best out of a bad situation).

life



**When life gives
you lemons,
make lemonade**

(make the best out of a bad situation).

death life birth



He needs to get a
(be productive)!

life



He needs to get a
life (*be productive*)!

death life birth



This house is a
trap (*dangerous*).

death



This house is a
death trap (*dangerous*).

death life birth



The jump was a
dance with _____
(dangerous)!

death



The jump was a
dance with death
(dangerous)!

ROUND

3

Points are doubled
for round three.

death life birth



You *look like* _____
warmed over (very sick).

death



You *look like* **death**
warmed over (*very sick*).

death life birth



**Do you believe in
after _____ ?**

life death



Do you believe in
life after death?

death life birth



**This file is not a matter
of and !**

life death



**This file is not a matter
of life and death!**

GOOD JOB!

