### horizontal line**Birth Affidavit of Payment**

**State of [State]  
County of [County]**

**I, [Your Full Name], residing at [Your Address], being duly sworn, hereby declare and affirm as follows:**

1. **Affiant Details:**I am the [Relation to the Mother, e.g., "father," "guardian"] of [Child's Full Name], born on [Date of Birth] at [Hospital Name].
2. **Payment Details:**On [Date], I made a payment of [Amount] to [Hospital/Clinic Name] for birth-related expenses, including [Insert details, e.g., delivery charges, medical fees, etc.].
3. **Mode of Payment:**The payment was made via [Cash/Check/Bank Transfer].
   * **Transaction ID or Check Number:** [Insert, if applicable]
   * **Bank Name:** [Insert, if applicable]
4. **Acknowledgment of Receipt:**I received acknowledgment of payment in the form of [Receipt/Invoice/Email Confirmation].

**Further Affiant Sayeth Not.**

**Signed this [Day] of [Month], [Year].**

**[Your Full Name]**(Signature)

**Acknowledgment**Subscribed and sworn to before me on this [Day] of [Month], [Year], by [Your Full Name], who is personally known to me or has produced [ID Type] as identification.

**Notary Public:**[Seal of Notary]