**BIRTH CERTIFICATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship | Name | Date of Birth | Native Place | Address of Household |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| Parents Identification CardUnified Number | Father： | Mother  |
| Occupation | Location of Job | Job Description and Title |
| Father |  |  |
| Mother |  |  |
| Infant’s Sex | Number of Live Births to this Mother (included this one) | Duration of Pregnancy (No. of Weeks) | Weights at Birth |
| ☐ male   ☐ female |  |  |  |
| Single or Multiple Births | ☐ Single ☐ Twins ☐ Triplets ☐ Other\_\_Total: Male Female Live-Birth Order\_\_ |
| Time of Birth |  |
| Place of Birth & Category | ☐ Hospital  ☐ Clinic  ☐ Midwife  ☐ Home  ☐ Other |
| Address:  |
| Delivered By | ☐ Physician  ☐ Midwife  ☐ Other |
| Special Symptom of Birth Giving Mother & Infant Before and After Childbirth Seen in Medical Diagnose:  |
| Infant’s Name:  |
| This is to certify that the above-mentioned facts are true and correct. Name of Physician: Physician Medical Practice License No.: Name of Hospital: Taichung City Wie Jhen No.: Address: Dated:  |

This copy is completely identical with the original documents.

Household Registration Office,

Chief officer:

Date:

Household Registration No.:

Translator:

Translate Date: