**BIRTH CERTIFICATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship | Name | Date of Birth | Native Place | Address of Household |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| Parents Identification Card  Unified 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: