

(Translation)

Infant's name:

No.

**Certificate of Birth**

WYH THE INFANT		Name	Date of Birth	Native Place	Household Address
Father					
Mother					
(2) Parent's ID Number	Father:		Mother:		
(3) Parent's Occupation	① Place and Type of Occupation		② Specific Position and Job		
Father					
Mother					
(4) Infant's Sex		(5) Number of Live Birth	(6) Gestational Week	(7) Birth Weight	
① Male <input type="checkbox"/> ② Female <input type="checkbox"/>			weeks	grams	
(8) Single or Multiple Birth	① Single <input checked="" type="checkbox"/> ② Twins <input type="checkbox"/> ③ Triples <input type="checkbox"/> ④ Other <input type="checkbox"/> Total:		Male	Live birth order	
(9) Date and Time of Birth			Female		
(10) Location and Place of Birth	① Hospital <input type="checkbox"/> ② Clinic <input type="checkbox"/> ③ Midwifery <input type="checkbox"/> ④ Home <input type="checkbox"/> ⑤ Other <input type="checkbox"/>				
(11) Delivered by	① Physician <input type="checkbox"/> ② Midwifery <input type="checkbox"/> ③ Other <input type="checkbox"/>				
(12) Special Symptoms of Birth Giving Mother & Infant Before and After Childbirth Seen in Medical Diagnose:					
This is to certify that the above-mentioned facts are true and correct.					
Name of Physician:		Scaled by		Scaled by	
Name of the Hospital:					
Physician License No.: Yi Zih Di No.					
Medical Practice License No.: Wei Yi Zhi Zih Di No.					
Address:					
Date of Issue:					
				Seal of household registration	

The copy is completely identical with the original document.  
Household Registration Office,  
Chief officer:  
Date:  
    hu teng zih di (jia)

Translator:  
Date:

Scaled by Household Registration Office,