

Birth Certification

(Name of Hospital)

(City/County Name), Taiwan, R.O.C

Full Name of Birth

Sex

Date of Birth

Month (mm)

Day (dd)

Year (yyyy)

Full Name of Father

Full Name of Mother

Address

**THIS IS TO CERTIFY THAT THE ABOVE CERTIFICATION IS TRUE AND CORRECT.
THE CERTIFICATION CAN NOT BE REVISED UNLESS APPROVED BY THE ATTENDING PHYSICIAN,
AND IS VALIDATED WITH HIS SIGNATURE AND THE HOSPITAL'S OFFICIAL SEAL.**

Attending Physician Name

(Registered Professional Midwife) (Midwife)

Date Issued

Signature: