



Certificate of Birth

BIN KUN Women's & Children's Hospital

Infant	Name: Place of birth: Taoyuan City, Taiwan Gestational week:	Gender: Date of birth: Birth weight:
Father	Name: Nationality: Taiwan (R.O.C)	Date of birth: Passport number: Personal Id. Number:
Mother	Name: Nationality: Taiwan (R.O.C)	Date of birth: Passport number: Personal Id. Number:
Physician	Name: License Number: 婦專醫字第 Signature:	Seal:
Hospital	Name: BIN KUN Women's & Children's Hospital Medical Practice License No.:桃衛醫 字第 1532101117 號 Address: No. 129, Sec. 2, Yanping Rd., Pingzhen Dist., Taoyuan City 324, Taiwan (R.O.C.)	Seal:

Date of issue: