

Birth Certificate

No.:

Relationship	Name	Age	Native Place	Occupation	Address
Father					
Mother					
Name of the Infant				Sex	
Date of Birth					
Place of Birth					
Number of Births					
Single or multiple births					
Sequence of this birth					
Remarks					
Name of the Hospital: Physician: Address: License of Practice: Date of Issue:					

(Back)

This copy is completely identical with the original document.

Household Registration Office, ___ District, Taipei City

Chief Officer: (with seal)

Date:

Taipei city ___ household registration No. ():