

CERTIFICATE OF BIRTH

1. Name of Child: (Surname) _____ (Given Name) _____

2. Sex: Male / Female _____ 3. Weight: _____ Grams

4. Date of Birth: _____ / _____ / _____ Time of Birth _____ a.m.
(Year) (Month) (Day) _____ p.m.

5. Place of Birth : (Name of Hospital) _____

(Address) _____ ONTARIO, CANADA
(street) (Borough, City, Town, Village) (Province)

6. Mother's name: _____

I hereby certify that the aforementioned child was born at the hour and on the date stated above.

(Date)

(Physician's/Midwife's signature)

Print Name in Full: _____

Address: _____

出生証明書 (訳文)

1. 出生子の氏名: (氏) _____ (名) _____

2. 性別: 男 / 女 _____ 3. 体重: _____ グラム

4. 出生年月日及び時刻: 令和 _____ 年 _____ 月 _____ 日 _____ 午前 _____ 午後 _____ 時 _____ 分

5. 出生場所: (病院名) _____

(住所) カナダ国オンタリオ州 _____

6. 母親氏名: _____ (氏) _____ (名)

令和 _____ 年 _____ 月 _____ 日 _____ (氏) _____ (名) 医師
(日付) _____ (医師又は助産師 氏名) 助産師

住所: _____

翻訳者: _____