

# 出生医学证明

## MEDIAL CERTIFICATE OF BIRTH

新生儿姓名\_\_\_\_\_性别\_\_\_\_\_出生时间\_\_\_\_\_日\_\_\_\_\_时\_\_\_\_\_分  
Neonatal Name Gender Time of Birth Hour Minute

出生孕周\_\_\_\_\_周出生体重\_\_\_\_\_克出生身长\_\_\_\_\_厘米  
Gestational Age Week Birth Weight g Birth Length cm

出生地点\_\_\_\_\_省\_\_\_\_\_市\_\_\_\_\_县（区）\_\_\_\_\_医疗机构名称\_\_\_\_\_  
Birth Place Province City County Medical Institutions

母亲姓名\_\_\_\_\_年龄\_\_\_\_\_国籍\_\_\_\_\_民族\_\_\_\_\_住址\_\_\_\_\_  
Name Age Nationality Ethnic Group Address

有效身份证件类型\_\_\_\_\_居民身份证\_\_\_\_\_护照\_\_\_\_\_其他\_\_\_\_\_有效身份证号码\_\_\_\_\_  
Valid Identification Identity Passport Others Valid Identification No

父亲姓名\_\_\_\_\_年龄\_\_\_\_\_国籍\_\_\_\_\_民族\_\_\_\_\_住址\_\_\_\_\_  
Name Age Nationality Ethnic Group Address

有效身份证件类型\_\_\_\_\_居民身份证\_\_\_\_\_护照\_\_\_\_\_其他\_\_\_\_\_有效身份证号码\_\_\_\_\_  
Valid Identification Identity Passport Others Valid Identification No

签发机构（盖专用章）\_\_\_\_\_  
Issued Authority(Stamp)

签发日期\_\_\_\_\_  
Date Issued

编号\_\_\_\_\_  
No