## Certificate OF Birth

## 1. Parents of Child

Name Of Father:

Date Of Birth:

Name Of Mother:

Date Of Birth : I

- 2. Place Of Birth: 10
- 3. Date of Birth :
- 4. Sex Of Child : Male
- 5. Name Of Child:
- 6. Duration Of Pregnancy: 40+1 weeks
- 7. Child's Physical Condition: Normal
- 8. Weight Of Child: 4.14Kg

This is to certify that above statements are true and correct.

Date: April 29, 2014

M.D : NAH, SOON SOOK

Doctor's License No : \$7805 Hospital Name : Zion Women's Hospital

Hospital Address: 1011-2 Yeongtong-dono. Yeongtong-gu, Suwon-si, Gyeonggi-do, Korea