

CERTIFICATE OF BIRTH

1. NAME OF CHILD: Taro Texas Gaimu
First Middle Last

訂正がある場合は、
医師の署名が必要。

2. SEX: MALE FEMALE

John 15

3. DATE AND TIME OF BIRTH: 5 / 5 / 20XX AM / PM 12 : 20
Month Day Year Time

4. PLACE OF BIRTH:

Name of Hospital or Facility: Memorial Hospital

Address: 920 Frostwood St. Houston, TX 77123
Street, City, State, Zip

5. MOTHER'S NAME: Hanako Gaimu
First Middle Last

(Mother's Maiden Name: Beikoku 旧姓を記入。)

6. FATHER'S NAME: Kinben Gaimu
First Middle Last

7. Mother's Street Address:

909 Fannin St. Apt 123, Houston, TX 77010

Street, City, State, Zip

※上記の内容を医師が確認後、医師が記入、署名。

I hereby certify that this child was born alive at the place and time, and on the date stated above.

DATE: 5 / 20 / 20XX
Month Day Year

Signature of Doctor: *John*

医師の氏名（ミドルネームを含む）は省略不可。
(フルネームを記入。)

Name(In print): John Austin Brown M.D. Midwife
※No Initial First Middle Last