

公 证 书

中华人民共和国广东省深圳市深圳公证处

出生医学证明

MEDICAL CERTIFICATE OF BIRTH

新生儿姓名  性别 男 出生时间 2014 年 12 月  日  时  分
Neonatal Name Gender Time of Birth Year Month Day Hour Minute
出生孕周 40⁺² 周 出生体重  克 出生身长 49 厘米
Gestational Age Birth Weight Birth Length Week g cm
出生地点 重庆市 省 渝中区 县(区) 医疗机构名称 重庆市妇幼保健院
Birth Place Province City County Medical Institutions

母亲姓名  年龄  国籍 中国 民族 汉族 住址 
Mother's Name Age Nationality Ethnic Group Address
有效身份证件类别 居民身份证 ☒ 护照 ☐ 其他 ☐ 有效身份证件号码 
Valid Identification Identity Card Passport Others Valid Identification No.

父亲姓名  年龄  国籍 中国 民族 汉族 住址 
Father's Name Age Nationality Ethnic Group Address
有效身份证件类别 居民身份证 ☒ 护照 ☐ 其他 ☐ 有效身份证件号码 
Valid Identification Identity Card Passport Others Valid Identification No.

签发机构(盖专用章)
Issued Authority (Stamp)

重庆市妇幼保健院

签发日期
Date Issued

2015

01 月  日
Year Month Day

编号
No.



MEDICAL CERTIFICATE OF BIRTH

Neonatal Name: [REDACTED] Gender: Male Time of Birth: [REDACTED] a.m., December [REDACTED], 2014

Gestational Age: 40⁺² Weeks Birth Weight: [REDACTED] g Birth Length: 49 cm

Birth Place: Yuzhong District, Chongqing City Medical Institution: Chongqing Health Center for Women and Children

Mother's Name: [REDACTED] Age: [REDACTED] Nationality: Chinese Ethnic Group: Han Address: [REDACTED]

Valid Identification: Identity Card Valid Identification No.: [REDACTED]

Father's Name: [REDACTED] Age: [REDACTED] Nationality: Chinese Ethnic Group: Han Address: [REDACTED]

Valid Identification: Identity Card Valid Identification No.: [REDACTED]

Issued Authority (Stamp): Chongqing Health Center for Women and Children

Date Issued: [REDACTED]

Special Stamp for Medical Certificate of Birth of Chongqing City
Chongqing Health Center for Women and Children, Yuzhong District (stamp)

No. [REDACTED]

公 证 书

(2022)深证字第 [REDACTED] 号

申请人：[REDACTED] 文，男，2014 年 12 月 [REDACTED] 日出生，公民身份号码：[REDACTED]。

监护人：[REDACTED] 尊，男，[REDACTED] 出生，公民身份号码：[REDACTED]。

监护人：[REDACTED] 建，女，[REDACTED] 出生，公民身份号码：[REDACTED]。

公证事项：出生医学证明

兹证明重庆市妇幼保健院于 2015 年 1 月 [REDACTED] 日发给 [REDACTED] 的《出生医学证明》的原件与前面的复印件相符，原件属实。前面的复印件所附的英文译本内容与中文原本相符。

中华人民共和国广东省深圳市深圳公证处

公 证 员

丁青松



NOTARIAL CERTIFICATE

(2022)SZZi,No. [REDACTED]

Applicant: [REDACTED] [REDACTED], male, born on December [REDACTED], 2014, ID Card No.

Guardians: [REDACTED], male, born on [REDACTED] [REDACTED], ID Card No.

[REDACTED] female, born on [REDACTED] [REDACTED] ID Card No.

Issue under notarization: Medical Certificate of Birth

This is to certify that the foregoing copy of Medical Certificate of Birth issued to [REDACTED] by Chongqing Health Center for Women and Children on January [REDACTED], 2015 conforms to the original, and that the original document is authentic. The attached English translation of the copy conforms to the original document in Chinese.

Shenzhen Notary Public Office

Shenzhen City, Guangdong Province

The People's Republic of China

Notary Public Ding Qingsong

August [REDACTED], 2022

IV [REDACTED]

公 证 书

(2022)深证字第 [REDACTED] 号

申请人: [REDACTED] 文, 男, [REDACTED] 日出生, 公民身份
号码: [REDACTED]。

监护人: [REDACTED] 男, [REDACTED] 年 [REDACTED] 月 [REDACTED] 日出生, 公民身份号码:

[REDACTED]。

监护人: [REDACTED] 女, [REDACTED] 年 [REDACTED] 月 [REDACTED] 日出生, 公民身份号码:

[REDACTED]。

公证事项: 译本与原本相符

兹证明前面的(2022)深证字第 [REDACTED] 号《公证书》的英文译
本与该公证书中文原本相符。

中华人民共和国广东省深圳市深圳公证处

公 证 员

丁青松



NOTARIAL CERTIFICATE

(2022)SZZi,No. [REDACTED]

Applicant: [REDACTED] [REDACTED], male, born on [REDACTED], 2014, ID Card No.

Guardians: [REDACTED], male, born on [REDACTED] [REDACTED], ID Card No.

[REDACTED] [REDACTED] female, born on [REDACTED] [REDACTED], ID Card No.

Issue under notarization: Certified translation

This is to certify that the foregoing English Translation of the Notarial Certificate (2022)SZZi,No. [REDACTED] conforms to the Notarial Certificate in Chinese.

Shenzhen Notary Public Office

Shenzhen City, Guangdong Province

The People's Republic of China

Notary Public Ding Qingsong

August [REDACTED], 2022

IV [REDACTED]