



# BIRTH CERTIFICATE

Full name of baby: [redacted] Male Date of birth: Oct [redacted]  
Place of birth: Dongcheng District, [redacted] Gestation (week): [redacted]+3  
Health status: Well  Normal  Weak  Weight: 300 g Height: 50cm  
Full name of mother: [redacted] Age: [redacted] Nationality: Canadian Ethnicity: Han  
Identity card No.: [redacted]  
Full name of father: [redacted] Age: [redacted] Nationality: Chinese Ethnicity: Han  
Identity card No.: [redacted]  
Type of place: General hospital  MCH hospital  Home  Other   
Name of facility: [redacted] Medical College [redacted]

"The Medical Certificate of Birth" is formulated according to "The law of the People's Republic of China on Maternal and Infant Health Care". It is a legal medical certificate of people born in the People's Republic of China. It is taken care of by the Newborn baby's father and mother or guardian, Cannot be sold, lent or altered in private. And it is referred to upon civil registration.

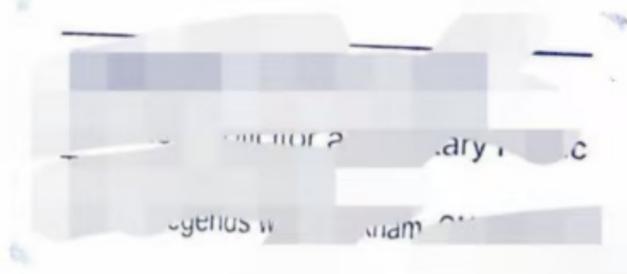
Birth certificate No.: K [redacted]

Date of Issue: Dec [redacted]

MINISTRY OF HEALTH OF THE  
PEOPLE'S REPUBLIC OF CHINA

Issuing organ [redacted] (seal)  
Seal Specific for Birth Medical Certificate, [redacted]  
Peking Union Medical College Hospital, [redacted] District

Seal: Population and Family Planning Office  
[redacted] Sub-district Office, People's [redacted] ment of [redacted]



# 出生医学证明 BIRTH CERTIFICATE

《出生医学证明》根据《中华人民共和国母婴保健法》制定；是在中华人民共和国境内出生人口的法定医学证明；由新生儿父母或监护人妥善保管，不得出卖、转让出借和私自涂改；申报出生登记时必须出示此证明。



**新生儿姓名** Full name of baby: [Redacted] **性别** Sex:  Male  Female **出生日期** Date of birth: 20[Redacted]年[Redacted]月[Redacted]日[Redacted]时[Redacted]分  
**出生地** Place of birth: [Redacted]省[Redacted]市[Redacted]县(区) [Redacted]乡 **出生孕周** Gestation (week): [Redacted]周  
**健康状况** Health status:  正常 Normal  弱 Weak **体重** Weight: 300克 **身长** Height: 50cm  
**母亲姓名** Full name of mother: [Redacted] **年龄** Age: [Redacted] **国籍** Nationality: 加拿大 **民族** Ethnicity: 汉族  
**身份证号** Identity card NO.: [Redacted]  
**父亲姓名** Full name of father: [Redacted] **年龄** Age: [Redacted] **国籍** Nationality: 中国 **民族** Ethnicity: 汉族  
**身份证号** Identity card NO.: [Redacted]  
**出生地点分类** Type of place:  医院 General hospital  保健院 MCH hospital  家庭 Home  其它 Other  
**接生机构名称** Name of facility: 中国医学科学院 [Redacted] 医院  
**出生证编号** Birth certificate No.: K [Redacted] **签发日期** Date of issue: 20[Redacted]年[Redacted]月[Redacted]日

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I certify that this is a true copy  
of the original document  
Date: 27<sup>th</sup> day of [Redacted] month, 2026

