BIRTH CERTIFICATE

SEX OF CHILD: 1. Male ()	NAME:		WEIGHT:							
2.Female ()										
			Grams							
TYPE of BIRTH	1.Single Birth()	2. Multiple Births: First born()Second born() Others ()							
DATE AND TIME	OF BIRTH:		a.m.							
YEA	R MONTH	DAY	 p.m.							
PLACE OF BIRTH	I: 1. HOSPITAL ()	2. HOME () 3. OTHERS ()							
ADDRESS:	(No.)	(Street)								
	(City)	(Province	ə)							
PREGNANCY DU	PREGNANCY DURATION: MOTHER'S FULL NAME:									
	completed weeks									
	Completed weeks									
	F LIVE BIRTHS (inclue									
2. NUMBER OF STILLBORN (after 6 months' pregnancy) :										
	TOTAL									
I CERTIFY THAT THE ABOVE MENTIONED CHILD WAS BORN AT ABOVE DATE, TIME, AND PLACE.										
1. P	YHYSICIAN () 2	. MIDWIFE () 3. OTHER	()							
ADDRESS:										
SIGNATURE:		Print name in full:								
DATE SIGNED:										



BIRTH CERTIFICATE

SEX OF CHILD:		NAME:				WEIGHT:						
1. Male (✔)		Kyle Ichiro Fisher				3210	Grams					
2.Female ()												
TYPE of BIRTH	H 1.Single Birth() 2.		2. Multip	. Multiple Births: First born()Second born() Others ()				
DATE AND TIME OF BIRTH:												
2021 02		02	01		0:25	a.m.						
YEA	YEAR MONTH		DAY	_		p.m.						
PLACE OF BIRTH : 1. HOSPITAL (✔) 2. HOME () 3. OTHERS ()												
BC Women's Hospital												
NAME OF ABOVE		00 Oak S	treet,									
ADDRESS:			(Street))								
	Vancouver B.C.,											
(City)				(Province)								
PREGNANCY DURATION:			MOTH	IER'S FUI	L NAME:							
40 Completed weeks				Hanako Tanaka								
NUMBER OF CHILDREN BORN TO THIS MOTHER: 1 1. NUMBER OF LIVE BIRTHS (including this birth) :												
2. NUMBER OF STILLBORN (after 6 months' pregnancy) :												
1 TOTAL												
I CERTIFY THAT THE ABOVE MENTIONED CHILD WAS BORN AT ABOVE DATE, TIME, AND PLACE.												
1. PHYSICIAN (🖌) 2. MIDWIFE () 3. OTHER ()												
ADDRESS: 1234 West Broadway, Vancouver ,BC.,V5X 1X1												
SIGNATURE: _			Print	name in fi	-	ael Smith		_				
DATE SIGNED:		h 1, 2001										