

市発行の出生証明書「見本」

CERTIFICATE OF BIRTH REGISTRATION



DATE FILED _____ THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF BIRTH
 CERTIFICATE NO. _____

1. NAME OF CHILD Tomas John Eriot		3a. NUMBER DELIVERED of this pregnancy 1		4a. DATE OF BIRTH June 23 19XX		4b. Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
2. SEX Male		3b. If more than one, number of this child in order of delivery ****					
5. PLACE OF BIRTH Manhattan		5b. Name of Hospital or other facility (if not facility, street address) Tisch Hospital					
5c. TYPE OF PLACE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Other-specify: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F Michelle Susan Jackson			6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)		6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country		
7. MOTHER/PARENT'S USUAL RESIDENCE a. State NY b. County		7c. City or town		7d. Street and number Apt. No.		7e. Inside city limits of 7c? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F Andrew John Eriot			8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)		8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country		
9a. NAME OF ATTENDANT AT DELIVERY <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____				No Correction History.			
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN Signed _____ Name of Signer _____ Address _____ Date Signed January 14, Year - yyyy 2013				<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____			
Mother/Parent's Current (First, Middle, Last) Legal Name _____ Address _____ Apt. _____ City _____ State NY ZIP _____				For Office Use Only			

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.



Michael Bloomberg
MAYOR

Thomas Farley
COMMISSIONER OF HEALTH AND MENTAL HYGIENE

John P. Eusebio
CITY REGISTRAR



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DATE ISSUED _____

出生証明書 (抄訳文)

米国の出生証明書の氏名を
Last, First Middle の順に

1. 子の氏名 エリオット, トーマスジョン

2. 子の性別 男

3. 出生年月日 19XX年 6月 23日

夜中の12時は「午前0時」
昼の12時は「午後0時」

時 分 午前 午後 4時 23分

4. 出生の場所 アメリカ合衆国 ニューヨーク州

ニューヨーク市マンハッタン区

テイッシュユ病院

5. 父の氏名 エリオット, アンドリュージョン

6. 母の氏名 エリオット, ミッシェルスーザン

(戸籍上の旧姓)

7. 証明書発給者の

Registrar (登記官)

Clerk (書記官)

職名 書記官・登記官・その他 ()

8. 翻訳者 山田 やま子