

# 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		(First, Middle, Last) <b>Tomas John Eriot</b>					
2. SEX	3a. NUMBER DELIVERED of this pregnancy	3b. If more than one, number of this child in order of delivery	4a. DATE OF BIRTH		4b. Time		
<b>Male</b>	<b>1</b>	****	<b>June 23 19XX</b>		<b>04:23</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH		5b. Name of Hospital or other facility (if not facility, street address)				
	<b>Manhattan</b>		<b>Tisch Hospital</b>				
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other-specify: _____						
6a. MOTHER/PARENT'S NAME (Prior to first marriage)		6b. MOTHER/PARENT'S DATE OF BIRTH		6c. MOTHER/PARENT'S BIRTHPLACE			
<b>Michelle Susan Jackson</b>				City & State or foreign country			
7. MOTHER/PARENT'S USUAL RESIDENCE		7c. City or town	7d. Street and number	Apt. No.	ZIP Code	7e. Inside city limits of 7c?	
a. State <b>NY</b> b. County						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8a. FATHER/PARENT'S NAME (Prior to first marriage)		8b. FATHER/PARENT'S DATE OF BIRTH		8c. FATHER/PARENT'S BIRTHPLACE			
<b>Andrew John Eriot</b>				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.  <div style="border: 1px solid black; padding: 20px; width: 100%; height: 100%; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"> <p style="font-size: 2em; opacity: 0.5;">For Office Use Only</p> </div>			
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN		<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 _____					
Signed _____ <i>Signable Electronically Authenticated</i>							
Name of Signer _____ (Type or Print)							
Address _____							
Date Signed <b>January 14</b> , Year - yyyy <b>2013</b>							
Mother/Parent's Current (First, Middle, Last) Legal Name _____ Address _____ Apt. _____ City _____ State <b>NY</b> ZIP _____							

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 R. Bloomberg*  
 MAYOR

*Thomas F. Farley*  
 COMMISSIONER OF HEALTH AND MENTAL HYGIENE

*John P. Eusebio*  
 CITY REGISTRAR

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DATE ISSUED



国籍を証する抄訳文の記載例（出生証明書）

## 国籍を証する証明書（抄訳文）

1. 国籍を称する証明書 アメリカ合衆 国発給出生証明書
2. 氏名 エリオット トーマス ジョン  
ラストネーム                      ファーストネーム                      ミドルネーム
3. 性別 男
4. 生年月日 西暦 19xx 年 06 月 23 日
5. 国籍 アメリカ合衆国
6. 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
7. 発行者 アメリカ合衆国 ニューヨーク 州  
ニューヨーク市 書記官
8. 翻訳者 山田 やま子