



CERTIFICATION OF TRANSLATION

Project number: S-204943

Name of files: Wen-Jun Hsieh_Birth Certificate / IGAdvisors Ltd

Job performed on: 20-05-2022

Translation from language: Chinese Traditional

Translation into language: English

Translation performed by: Wenting Yang

Date of certification: May 20, 2022

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A.H.J Huisman, Managing Director
Universal Translation Services

Corporate ATA Member number 260038



*The document contains
three pages.*

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20 MAY 2022

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出生證明書 字第 0029 號

親屬關係	姓名	出生年月日	本籍	戶籍所在地
父	謝拔全	民國54年3月12日	台灣省台南市	台南市井里區田里2鄰
母	游麗美	民國56年1月10日	台灣省台南市	台南市井里區田里2鄰
(一)父母身份證統一號碼		父: R124901561		母: G220857460
(二)父母之職業		1. 在何處工作及辦理何種行業		2. 擔任何種工作及職務
父				
母				
(三)出生者之性別	(四)產場所產之活產數	(五)懷孕週數	(六)出生時之體重	
1男 ☐ 2女 ☒	第一胎	滿 39 週	2920 公克	
(七)胎別	1. 單胎 ☒ 2. 雙胎 ☐ 3. 多胎 ☐ 4. 胎計 男 女 名 同胎次序			
(八)出生時間	民國 70 年 12 月 19 日 下午 貳 時 拾 捌 分			
(九)出生地點	1. 醫院 ☒ 2. 診所 ☐ 3. 助產士 ☐ 4. 自宅 ☐ 5. 其他 ☐ R223839784			
(十)接生者	1. 醫師 ☒ 2. 助產 ☐ 3. 其他 ☐			
(十一)產婦生產前後及嬰兒在醫學上之情形				
以上事實確屬無訛特此證明				
醫院名稱: 台南市立婦幼綜合醫院				
地址: 台南市廣州街12號				
醫師姓名: 游麗美				
醫師證書字號: 02032				
中華民國 80 年 12 月 19 日				

2/23

0029

BIRTH CERTIFICATE

BIRTH CERTIFICATE ZI NO.

(I) KINSHIP RELATIONS	NAME	DATE OF BIRTH	PLACE OF ORIGIN	HOUSEHOLD ADDRESS
FATHER	HSIEH, CHIH-CHUAN	12/03/1965	TAINAN CITY, TAIWAN	NO. 10-1, LANE SHATIAN, NEIGHBOUR 2, SHATIAN VILLAGE, YUJING TOWNSHIP, TAINAN CITY, TAIWAN (R.O.C.)
MOTHER	YU, LI-MEI	10/01/1967	TAINAN CITY, TAIWAN	[DITTO]
(II) UNIFIED ID NUMBER OF THE PARENTS		FATHER: R121901561		MOTHER: G220857460
(III) OCCUPATIONS OF THE PARENTS		① WORKPLACE AND PROFESSION		② POSITION
FATHER				
MOTHER				
(IV) GENDER OF THE INFANT	(V) LIVE INFANTS BORN BY THE MATERNITY	(VI) GESTATION PERIODS	(VII) WEIGHT OF THE INFANT	
① MALE ☐ ② FEMALE ☒	FIRST INFANT	FULL 39 WEEKS	2920 GRAM	
(VIII) MULTIPLE PREGNANCY	☐ SINGLE FETUS ☒ TWO FETUS ☐ THREE FETUS ☐ ___ FETUS ☐ COUNT OF FETUS: MALE: ☐ ; FEMALE: ☐ THE SEQUENCE IN MULTIPLE PREGNANCY			
(IX) TIME OF BIRTH	02:18 PM, 12/19/1991			
(X) PLACE OF BIRTH AND INSTITUTION	☒ HOSPITAL ☐ CLINIC ☐ MIDWIFERY ☐ PERSONAL PROPERTY ☐ OTHERS ☐ ADDRESS: R223339784			
(XI) MIDWIFE	☒ PHYSICIAN ☐ MIDWIFE ☐ OTHERS ☐			WEN-JUN HSIEH
(XII) ABNORMAL MEDICAL SITUATION OF THE MATERNITY BEFORE AND AFTER DELIVERY, AND THE INFANT:				[ILLEGIBLE SEAL]
THE ABOVE LISTED IS HEREBY CERTIFIED TO BE TRUE AND ACCURATE NAME OF THE PHYSICIAN: TAIPEI CITY HOSPITAL HEPING FUYOU BRANCH ADDRESS: NO. 12, FUZHOU ST, ZHONGZHENG DISTRICT DIRECTOR'S NAME: [ILLEGIBLE] PHYSICIAN'S NAME: [ILLEGIBLE] MEDICAL INSTITUTION LICENSE NO.: [ILLEGIBLE] ADDRESS: NO. 76, MINZU 2ND ROAD, KAOHSIUNG CITY DATED ON THE 19TH DAY, DECEMBER, 1991				

PREPARED BY MEDICAL RECORD MANAGEMENT COMMITTEE

THIS PHOTOCOPY IS IDENTICAL WITH ITS ORIGINAL BIRTH CERTIFICATE

ITEM (I), (II), AND (III) ARE ENTERED BASED ON THE INFORMATION PROVIDED BY CLIENT

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