附件9

出生医学证明废证登记表

单位名称：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 日 期 | 出生证编号 | 废证原因 | 审核人签名 | 经办人签名 |
| 打印或填写错误 | 遗失 | 其他 |
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