

AFFIDAVIT

I, WUWEN GUO, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

BIRTH CERTIFICATE

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan
Toronto

This 24th day of Jan, 2025

WUWEN GUO

BIRTH CERTIFICATE

Name of baby: _____ Date of birth: _____
Place of birth: _____ Gestation (week): 40
Health status: Well ☒ Normal ☐ Weak ☐ Weight: 3300 g Height: 52cm
Full name of mother: _____ Age: _____ Nationality: P.R. China Ethnicity: Han
Identity card No.: _____
Full name of father: _____ Age: _____ Nationality: P.R. China Ethnicity: Han
Identity card No.: _____
Type of place: _____ MCH hospital ☐ Home ☐ Other ☐
Name of facility: _____

"The Medical Certificate of Birth" is formulated according to "The law of the People's Republic of China on Maternal and Infant Health Care". It is a legal medical certificate of people born in the People's Republic of China. It is taken care of by the Newborn baby's father and mother or guardian, Cannot be sold, lent or altered in private. And it is referred to upon civil registration.

Birth certificate No. _____

Date of Issue: Reissued _____

MINISTRY OF HEALTH OF THE
PEOPLE'S REPUBLIC OF CHINA

Issuing organization (seal)
Seal Specific for Birth Medical _____



出生医学证明

BIRTH CERTIFICATE

《出生医学证明》根据《中华人民共和国母婴保健法》制定；是在中华人民共和国境内出生人口的法定医学证明；由新生儿父母或监护人妥善保管，不得出卖、转让出借和私自涂改；申报出生登记时必须出示此证明。

新生儿姓名
Full name of baby

Male Female

出生日期
Date of birth

Year Month Day Hour Minute

出生地
Place of birth

省
Province

市
City

区
County(District)

出生孕周
Gestation(week)

Week

健康状况
Health status

良好 ☒ Well

一般 ☐ Normal

差 ☐ Weak

体重
Weight

3300 克 身长 公分
g Height cm

母亲姓名
Full name of mother

年龄
Age

国籍
Nationality

中华人民共和国

民族
Nationality

汉族

身份证号
Identity card NO.

父亲姓名
Full name of father

年龄
Age

国籍
Nationality

中华人民共和国

民族
Nationality

汉族

身份证号
Identity card NO.

出生地点分类
Type of place

医院 ☐ General hospital

妇幼保健院 ☐ MCH hospital

家庭 ☐ Home

其它 ☐ Other

接生机构名称
Name of facility



中华人民共和国卫生部
MINISTRY OF HEALTH OF THE
PEOPLE'S REPUBLIC OF CHINA

出生证编号
Birth certifi

签发日期
Date of issue

签证机构(盖专用章)
Issuing organization (seal)

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