

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 30th day of May, 2025

A Notary Public in and for the
Province of Ontario

WUWEN GUO

Add:8.

BIRTH CERTIFICATE

Full name of baby: [REDACTED] Female Date of birth: No [REDACTED]
Place of birth: [REDACTED] Province Gestatio [REDACTED]
Health status: Well ☒ Normal ☐ Weak ☐ Weight: 3 [REDACTED] Height: [REDACTED]
Full name of mother: [REDACTED] Age [REDACTED] Nationality: Chinese Ethnicity: Han
Identity card No.: [REDACTED]
Full name of father: [REDACTED] Age [REDACTED] Nationality: Chinese Ethnicity: Han
Identity card No.: [REDACTED]
Type of place: General hospital ☐ MCH hospital ☒ Home ☐ Other ☐
Name of facility: [REDACTED]

"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. [REDACTED]

Date of Issue: D [REDACTED]

PEOPLES REPUBLIC OF CHINA

Issuing organization (seal)

Gansu [REDACTED]

Seal Specific for Birth Medical [REDACTED]

Barrister, Solicitor and Notary
Tel [REDACTED]

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

出生地
Place of birth

健康状况
Health status

母亲姓名
Full name of mother

身份证号
Identity card NO.

父亲姓名
Full name of father

身份证号
Identity card NO.

出生地点分类
Type of place

接生机构名称
Name of facility

出生证编号
Birth certificate No.

男 ☒ 女 ☐
Male Female

出生日期
Date of birth

City

County (District)

Township

出生孕周
Gestation (week)

Well

Normal

Weak

体重
Weight

克身长
g Height

公分
cm

年龄
Age

国籍 中国
Nationality

民族 汉
Nationality

年龄
Age

国籍 中国
Nationality

民族 汉
Nationality

医院 ☐
General hospital

妇幼保健院 ☒
MCH hospital

家庭 ☐
Home

其它 ☐
Other

签发日期
Date of issue

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