Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country: United States of America

   This public document

2. has been signed by [redacted]

3. acting in the capacity of **County Clerk**

4. bears the seal/stamp of the **county of Queens**

Certified

5. at New York City, New York

6. the 23rd day of July 2025

7. by Deputy Secretary of State for Business and Licensing Services, State of New York

8. No. [redacted]

9. Seal/Stamp

10. Signature

[redacted]

Deputy Secretary of State for Business and Licensing Services

Apostille (REV: 09/25/12)

STATE OF NEW YORK
COUNTY OF QUEENS SS:
COUNTY CLERK'S OFFICE

I, [redacted] County Clerk of the County of Queens, State of New York and also Clerk of the Supreme Court in and for said County and State, the same being a Court of Record and having a seal;

DO H[redacted]

Term 2/26/2022 to 2/26/2026

Whose name is subscribed to the annexed affidavit, deposition, certificate of acknowledgment or proof, was at the time of taking the same a NOTARY PUBLIC in and for the State of New York, duly commissioned and sworn and qualified to act as such throughout the State of New York; that pursuant to law a commission, or a certificate of their official character, and autograph signature, have been filed in my office; that as such the Notary Public was duly authorized by the laws of the State of New York to administer oaths and affirmations, to receive and certify the acknowledgment or proof of deeds, mortgages, powers of attorney and other written instruments for lands, tenements and hereditaments to be read in evidence or recorded in this State, to protest notes and to take and certify affidavits and depositions; and that I am well acquainted with the handwriting of such Notary Public or have compared the signature on the annexed instrument with their autograph signature deposited in my office,

IN WITNESS WHERE OF, I have hereunto set my hand and affixed my official seal at Ja[redacted] 22, 2025

[redacted] CLERK

I, [redacted]y certify that I am competent enough to translate from English to Chinese and the foregoing document translation is accurate to the best of my knowledge.

签名: [redacted]　　日期: 2025-07-22

[redacted]
before me on this 22 day of [redacted] 2025

[redacted]
Notary [redacted]0
Qualified in Queens County
Commission Expires 02/26/2026

中华人民共和国外交部请各国军政机关对持照人予以通行的便利和必要的协助。

The Ministry of Foreign Affairs of the People's Republic of Chin[redacted] *requests all civil and militar*[redacted] *authorities of foreign countries* [redacted] *allow the bearer of this passport* [redacted] *pass freely and afford assistance* [redacted] *case of need.*

中华人民共和国 PEOPLE'S REPUBLIC OF CHINA

护照 PA[redacted]

类型/Type	国家码/Country Code	护照号/Passport No.	
P	CHN	E[redacted]	
姓名/Name			
[redacted]			
性别/Sex	国籍/Nationality	出生日期/Date of birth	
女/F	中国/CHINESE	[redacted]	
出生地点/Place of birth		签发日期/Date of issue	
陕西/[redacted]		[redacted]/OCT	
签发地点/Place of issue		有效期至/Date of expiry	
广东/[redacted]		[redacted] OCT [redacted]	
签发机关/Authority		持照人签名/Bearer's signature	
公安部出入境管理局 MPS Exit & Entry Administration		[redacted]	

[redacted]<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

[redacted]CONNFPH<<<<[redacted]

中华人民共和国外交部请各国军政机关对持照人予以通行的便利和必要的协助。

The Ministry of Foreign Affairs of the People's Republic of China requests all civil and military authorities of foreign countries to allow the bearer of this passport to pass freely and afford assistance in case of need.

中华人民共和国 PEOPLE'S REPUBLIC OF CHINA

护 照
PASSPORT

类型/Type P

国家码/Country Code CHN

护照号码/Passport No.

姓名/Name

WU, Y O

性别/Sex 男/M

国籍/Nationality 中国,

出生日期/Date of birth

出生地点/Place of birth 广东 ANGDONG

签发日期/Date of issue

签发地点/Place of issue 广东/G

有效期至/Date of expiry

签发机关/Authority
公安部出入境管理局
MPS Exit & Entry Administration

持照人签名/Bearer's signature

P<CHN<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
"OOCN

We the People

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 642715247

Surname / Nom / Apellidos: [illegible]

Given Names / Prénoms / Nombres: [illegible]

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento: [illegible]

Place of birth / Lieu de naissance / Lugar de nacimiento: [illegible]

Sex / Sexe / Sexo: [illegible]

Date of issue / Date de délivrance / Fecha de expedición: [illegible] Jan 2021

Authority / Autorité / Autoridad: [illegible]
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad: 04 [illegible]

Endorsements / Mentions Spéciales / Anotaciones: [illegible]

USA

P<US[illegible]WENDY<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
[illegible]

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

MAIN S[redacted]
S[redacted]NA, CALIFORN[redacted]

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD

1A. NAME OF CHILD - FIRST

1B. MIDDLE

1C. LAST

2. SEX: FEMALE

3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE

3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.

4A. DATE OF BIRTH - MM/DD/CCYY

4B. HOUR - 24 HOUR CLOCK TIME

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY: [redacted] REGIONAL [redacted]CP

5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION

5C. CITY

5D. COUNTY

NAME OF PARENT

6A. NAME OF PARENT - FIRST

6B. M[redacted]

6C. LAST - BIRTH NAME

6D. ☐ MOTHER ☐ FATHER ☐ PARENT

7. BIRTHP[redacted]

8. DATE OF BIRTH

9A. NAME OF PARENT [redacted]

9B. [redacted]LE

9C. LAST - BIRTH NAME

9D. ☒ MOTHER ☐ FATHER ☐ PARENT

10. BIRTHPL[redacted]Y

11. DATE OF BIRTH

INFORMANT AND BIRTH CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

12A. PARENT OR OTHER INFORMANT - SIGNATURE

12B. RELATIONSHIP TO CHILD

12C. DATE SIGNED

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.

13A. ATTE[redacted]AND DEGREE OR TITLE

13B. LICENSE NUMBER

13C. DATE SIGNED

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT

P[redacted]CHANG[redacted]OS[redacted]

14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY

15B. STATE FILE NO. - STATE USE ONLY

16. LOCAL REGISTRAR - SIGNATURE: ERIC

17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY: 1[redacted]

CAORANGED1

[redacted]RD
[redacted]GE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED [redacted]

ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

加利福尼亚州
人口动态记录证明

橙县
卫生保健机构
[redacted]MAIN STRE[redacted]
S[redacted]A, C[redacted]FORNIA[redacted]

[redacted]尼亚州人口出生证明
必须用黑墨水

州文件记录号				地方登记号	
新生儿信息	1A.新生儿名	1B.中间名 -	1C.姓		
	2.性别	3A.本次生育单胎，双胞胎或其他单胎	3B.若多胞胎，本孩子是第一胎，第二胎或其他 -	4A.出生日期-月日年	4B.时间-24 小时制
出生地	5A.出生地点-医院或医疗机构名称		5B.地址-街道门牌号或位置		
	5C. 城市		5[redacted] 橙县（O[redacted]E）		
双亲姓名	6A.双亲姓名-名	6B.中间名 -	6C.姓	6D. ☐母亲 ☑父亲 [redacted]亲	7.出生地-州/国家 中国
	9A.双亲姓名-名	9B.中间名 -	9C.姓	9D.☑母亲 ☐父亲 ☐ 双亲	10[redacted]国家 中国
信息及出生证明	本人证明本人已审阅所述内容，据本人所知该信息真实无误。	12A.双亲或其他信息提供者-签名 [签名]	12B.与新生儿关系 母亲		11.出生日期
	我证明本新生儿在以上所填日期、时间和地点安全出生。	13A.医护人员或证明人-签名及学位或头衔 [签名]	13B.执照号		12C.签署日期
	13D.医护人员姓名、头衔及通信地址 FRA[redacted]A[redacted]ORT BLV[redacted]A		14.证明人如非医护人员，姓名和头衔		13C.签署日期
地方记录官员	15A.死亡日期-月日年	15B. 州文件记录号-州政府专用	16.地方登记员-签名 [签名]	17.接收登记日期-月日年	

加利福尼亚州橙县生命记录认证副本 橙县 01

加利福尼亚州印章

本文件是橙县[redacted]人口统计记录科正式登记存档文件的真实准确复印件。
签发日期：2017 年 1 月 4 日

[签名]
[redacted]亚州橙县
县卫生官员

除非印在雕刻边框上，并显示日期印章和县卫生官员的签名，否则此副本无效。

如有任何更改或删除，则本证书无效