

## AFFIDAVIT

I, ~~the~~ translator in the City of Toronto, Province of Ontario, make oath and

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:

### MEDICAL CERTIFICATE OF BIRTH

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 3<sup>rd</sup> day of Sep, 2005

A Notary Public in and for the  
Province of Ontario

)  
)  
)  
)  
)  
)  
)  
)  
)  
)

*i*  
\_\_\_\_\_  
NOTARY PUBLIC



# MEDICAL CERTIFICATE OF BIRTH

Neonatal Name: [REDACTED] Gender: Male Time of Birth: February [REDACTED] 08: 23

Gestational Age: 39+6 Week      Birth Weight: 3500g      Birth Length: 50 cm

Birth Place: Chong'an District, [REDACTED], [REDACTED] Province      Medical Institutions: [REDACTED] Maternal and Child Health Hospital

Mother's Name: [REDACTED] Age: [REDACTED] Nationality: Chinese Ethnicity: Han Address: No. [REDACTED] Lu [REDACTED] New [REDACTED]

Valid Identification: Identity Card ☒ Passport ☐ Others ☐ Valid Identification No.:

Father's Name: [REDACTED] Age: [REDACTED] Nationality: Chinese Ethnicity: Han Address: [REDACTED] Huajing [REDACTED],

Valid Identification: Identity Card ☒ Passport ☐ Others ☐ Valid Identification No.:

Issued Authority (Stamp): [REDACTED]

Date Issued: 12/23/2014

Seal: Seal Specific for Birth Medical Certificate, "su

Maternal and Child Health Hospital

No. 000,000

Barrister, Solicitor and Notary Public

1

Aug. 1941



# 出生医学证明

MEDICAL CERTIFICATE OF BIRTH



新生儿姓名 Neonatal Name: [Redacted]  
 出生孕周 Gestational Age: 39+6 周 Week  
 出生地点 Birth Place: 江苏省 Province  
 性别 Gender: 男 Male  
 出生时间 Time of Birth: 2014 年 Year 0 月 Month 08 日 Day 08 时 Hour 23 分 Minute  
 出生体重 Birth Weight: 3500.0 克 g  
 出生身长 Birth Length: 50.0 厘米 cm  
 市 City: 崇安 County 县(区) County  
 医疗机构名称 Medical Institutions: 无锡市妇幼保健院

母亲姓名 Mother's Name: [Redacted]  
 年龄 Age: 28 岁  
 国籍 Nationality: 中国 China  
 民族 Ethnic Group: 汉族 Han  
 住址 Address: 无锡市 [Redacted]  
 有效身份证件类别 Valid Identification: 居民身份证 Identity Card ☒ 护照 Passport ☐ 其他 Others ☐  
 有效身份证件号码 Valid Identification No.: [Redacted]

父亲姓名 Father's Name: [Redacted]  
 年龄 Age: [Redacted]  
 国籍 Nationality: 中国 China  
 民族 Ethnic Group: 汉族 Han  
 住址 Address: 无锡市 [Redacted]  
 有效身份证件类别 Valid Identification: 居民身份证 Identity Card ☒ 护照 Passport ☐ 其他 Others ☐  
 有效身份证件号码 Valid Identification No.: [Redacted]

签发机构(盖专用章) Issued Authority (Stamp): [Redacted]  
 签发日期 Date issued: 2014 年 Year 2 月 Month 28 日 Day

编号 No. 000000

I certify that this is a true copy of the original document

Date: 3<sup>rd</sup> day of [Redacted]