AFFIDAVIT

[redacted] 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:

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 16 day of Sep, 2025)
)
)
)
)

[redacted] UO

A Notary Public in and for th[redacted]
Province of Ontario

[redacted]
Barrister, Solicitor and [redacted]y Public

National Health and Family Planning Commission of the
People's Republic of China

MEDICAL CERTIFICATE OF BIRTH

Barrister, S[illegible]or and [illegible]ary P[illegible]

MEDICAL CERTIFICATE OF BIRTH

Neonatal Name: [redacted] | Gender: Female | Time of Birth: [redacted] 22: 18

Gestational Age: 40^{+2} Week | Birth Weight: 3330g | Birth Length: 50 cm

Birth Place: Anqiu City, [redacted] Province | Medical Institutions: [redacted] eople's Hospital

Mother's Name: [redacted] | Age: [redacted] | Nationality: Chinese | Ethnicity: Han | Address: No. [redacted] guanzhuang Village, [redacted] Town, [redacted] City, [redacted] Province

Valid Identification: | Identity Card √ Passport ☐ Others | Valid Identification No.: [redacted]

Father's N[redacted] | A[redacted] | Nationality: Chinese | Ethnicity: Han | Address: No. [redacted] Village, [redacted] Town, [redacted] City [redacted] Province

Valid Identification: | Identity Card √ Passport ☐ Others | Valid Identification No.: [redacted]

Issued Authority (Stamp): [redacted] People's [redacted] al

Date Issued: June 29, 2[redacted]

Seal: Seal Specific for Birth Medical Certificate, [redacted]
[redacted] People's [redacted]

No. Q[redacted]

Barrister. [redacted] or and [redacted] ublic

中华人民共和国

国家卫生和计划生育委员会监制

National Health and Family Planning

Commission of the People's Republic of China

出生医学证明

MEDICAL CERTIFICATE OF BIRTH

I certify that this is a true copy
of [redacted] document
[redacted] Sep, 2015

出生医学证明

MEDICAL CERTIFICATE OF BIRTH

新生儿姓名 _____ 性别 女 出生时间 20__ 年 __ 月 __ 日 22 时 18 分
Neonatal Name Gender Time of Birth Year Month Day Hour Minute

出生孕周 40^{+2} 周 出生体重 3330 克 出生身长 50 厘米
Gestational Age Week Birth Weight g Birth Length cm

出生地点 山__ 省 ____ 市 ____ 县(区) 医疗机构名称 ____民医院
Birth Place Province City County Medical Institutions

母亲姓名 _____ 年龄 ____ 国籍 中国 民族 汉族 住址 ____省____庄村
Mother's Name Age Nationality Ethnic Group Address

有效身份证件类别 居民身份证 ☑ 护照 ☐ 其他 ____ 有效身份证件号码 _____
Valid Identification Identity Card Passport Others Valid Identification No.

父亲姓名 _____ 年龄 ____ 国籍 中国 民族 汉族 住址 ____丘市____庄村____号
Father's Name Age Nationality Ethnic Group Address

有效身份证件类别 居民身份证 ☑ 护照 ☐ 其他 ____ 有效身份证件号码 _____
Valid Identification Identity Card Passport Others Valid Identification No.

签发机构(盖专用章) ____民医院
Issued Authority (Stamp)

签发日期 20__ 年 __ 月 2__ 日
Date Issued Year Month Day

编号 Q_____
No.

I certify that this is a tr____
of the o____
D____ P