

AFFIDAVIT

I, _____ 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 01st day of Aug, 2025

A Notary Public in and for the
Province of Ontario

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Public

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BIRTH CERTIFICATE

Full name of baby: _____ Female Date of birth: (_____ 0
Place of birth: L _____ e Gestation (week): 42⁺³
Health status: Well ☒ Normal ☐ Weak ☐ Weight: 3560 g Height: 50cm
Full name of mother: _____ Age: 24 Nationality: Chinese Ethnicity: Han
Identity card No.: _____
Full name of father: _____ Age: 32 Nationality: Chinese Ethnicity: Han
Identity card No. _____
Type of place: General hospital ☒ MCH hospital ☒ Home ☐ Other ☐
Name of facility: _____ e Hospital

"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.: 440609536

Date of Issue: October 25, 1998

MINISTRY OF HEALTH OF THE
PEOPLE'S REPUBLIC OF CHINA

Issuing organization (seal)

Zhao

ospital



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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依法医学证明：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 广东省

Place of birth Prov.

健康状况

Health status

良好 ☒

一般 ☐

差 ☐

体重

3560

克身长

50

公分

母亲姓名

Full name of mother

年龄 24岁

国籍 中国

民族 汉族

身份证号

Identity card NO.

父亲姓名

Full name of father

年龄 32岁

国籍 中国

民族 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

肇庆

出生编号

Birth No.

签发日期

Date of issue

98年10月25日

Year Month Day

签证机构(盖专用章)

Issuing organization (seal)

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I certify that this is a true copy
of the original document
Date: 01 day of Aug, 2025