AFFIDAVIT

[redacted] 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 20th day of Sep, 2021

[redacted]

A Notary Public in ar[redacted]
Province of Ontari[redacted]

[redacted]

Barrister, Solic[redacted] No[redacted]ublic

MEDICAL CERTIFICATE OF BIRTH

Neonatal Name: | Gender: Female | Time of Birth: December 0[redacted]

Gestational Age: 40^{+2} Week | Birth Weight: 2920g | Birth Length: 50 cm

Birth Place: [redacted] District, [redacted] hou City, Guangdong Province | Medical Institutions: [redacted] 's Medical Center

Mother's Name: [redacted] | Age [redacted] | Nationality: Chinese | Ethnicity: Han | Address: No. [redacted] Street, [redacted] Province

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

Father's Name [redacted] | Age [redacted] | Nationality: Chinese | Ethnicity: Han | Address: [redacted] g Road, Yubei [redacted]

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

Issued Authority (Stamp): Guangzhou [redacted] ical Center

Date Issued: January 03, 2025

Seal: Seal Specific for [redacted], Guangdong
Guangzhou [redacted] al Center

No. *Y[redacted]

[redacted]

Barrister, [redacted] and N[redacted] ublic

出生医学证明

MEDICAL CERTIFICATE OF BIRTH

新生儿姓名 [redacted] 性别 女 出生时间 20[redacted] 年 [redacted] 月 0[redacted] 日 11 时 01 分
Neonatal Name / Gender / Time of Birth / Year / Month / Day / Hour / Minute

出生孕周 40^{+2} 周 Gestational Age / Week
出生体重 2920 克 Birth Weight / g
出生身长 50 厘米 Birth Length / cm

出生地点 广东 省 广州 市 [redacted] 县(区) Birth Place / Province / City / County
医疗机构名称 广州市[redacted]医疗中心 Medical Institutions

母亲姓名 [redacted] 年龄 [redacted] 国籍 中国 民族 汉族 住址 辽宁省大连[redacted]
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 [redacted]
Valid Identification / Identity Card / Passport / Others / Valid Identification No.

父亲姓名 [redacted] 年龄 [redacted] 国籍 中国 民族 汉族 住址 重庆市[redacted]
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 [redacted]
Valid Identification / Identity Card / Passport / Others / Valid Identification No

签发机构(盖专用章) 广州市[redacted]医疗中心
Issued Authority (Stamp)

出生医学证明 专用章

签发日期 2025 年 01 月 03 日
Date Issued / Year / Month / Day

编号 * [redacted] 0 [redacted] 5 [redacted] *
No.

I certify that this [redacted]ue co[redacted]
of the o[redacted]ocumen[redacted]