

AFFIDAVIT

_____, 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 ¹₃₀ day of Sep, 2021

A Notary Public in and for
Province of Ontario

Barrister, Solicitor and Notary Public

MEDICAL CERTIFICATE OF BIRTH

Neonatal Name:	Gender: Female	Time of Birth: December 01, 2025
Gestational Age: 40 ⁺² Week	Birth Weight: 2920g	Birth Length: 50 cm
Birth Place: District, City, Guangdong Province	Medical Institutions: Hospital's Medical Center	

Mother's Name:	Age:	Nationality: Chinese	Ethnicity: Han	Address: No. Street, Province
Valid Identification:	Identity Card ☒	Passport ☐	Others	Valid Identification No.:

Father's Name:	Age:	Nationality: Chinese	Ethnicity: Han	Address: No. Road, Yubei
Valid Identification:	Identity Card ☒	Passport ☐	Others	Valid Identification No.:

Issued Authority (Stamp): Guangzhou Medical Center

Date Issued: January 03, 2025

Seal: Seal Specific for Guangzhou Medical Center

No. *Y

Barrister and Notary Public

出生医学证明

MEDICAL CERTIFICATE OF BIRTH

新生儿姓名 性别 女 出生时间 20 年 1 月 0 日 11 时 01 分
Neonatal Name Gender Time of Birth Year Month Day Hour Minute
出生孕周 40⁺2 周 出生体重 2920 克 出生身长 50 厘米
Gestational Age Week Birth Weight Birth Length
出生地点 广东 省 广州 市 县(区) 医疗机构名称 广州市 医疗中心
Birth Place Province City County Medical Institutions

母亲姓名 年龄 国籍 中国 民族 汉族 住址 辽宁省大连
Mother's Name Age Nationality Ethnic Group Address

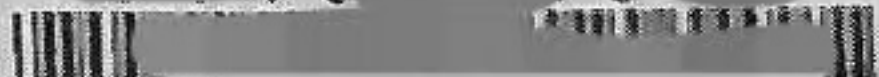
有效身份证件类别 居民身份证 ☒ 护照 ☐ 其他 有效身份证件号码
Valid Identification Identity Card Passport Others Valid Identification No.

父亲姓名 年龄 国籍 中国 民族 汉族 住址 重庆市
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) 广州市 医疗中心
Issued Authority (Stamp)

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

编号 0 5
No. 



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