

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 30th day of May, 2025

A Notary Public in and for the
Province of Ontario

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 Add

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BIRTH CERTIFICATE

Full name of baby _____ Female _____ Date of birth: November 04, 2010,03:55
Place of birth: _____ u _____ Gestation (week): 39
Prc _____
Health status: Well ☒ Normal ☐ Weak ☐ Weight: 3400 g Height: 50cm
Full name of mother: _____ Age: 30 Nationality: Chinese Ethnicity: Han
Identity card No. _____
Full name of fath _____ Age: 32 Nationality: Chinese Ethnicity: Han
Identity card No. _____
Type of place: General hospital ☐ MCH hospital ☒ Home ☐ Other ☐
Name of facility: _____

"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.:

Date of Issue: December 01, 2010

MINISTRY OF HEALTH OF THE
PEOPLE'S REPUBLIC OF CHINA

Issuing organization (seal)
_____al and Child Health Hospital

Seal Sp
Gar

ertificate, Gansu
alth Hospital

JOSEPH JOHN FAUST

Barrister, Solicitor and Notary Public
Tel: 416-409-2071
Add: 87 Legends Way, Markham, ON. L3R 5Z9



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的法定医学证明；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
Place of birth

健康状况
Health status

母亲姓名
Full name of mother

身份证号
Identity card NO.

父亲姓名
Full name of father

身份证号
Identity card NO.

出生地点分类
Type of place

接生机构名称
Name of facility

出生证编号
Birth certificate No

男 ☒ 出生日期 2010 年 11 月 04 日 03 时 55 分
Male Female Date of birth Year Month Day Hour Minute

出生孕周 39 周
Gestation (week) Week

体重 3400 克 身长 50 公分
Weight g Height cm

年龄 30 国籍 中国 民族 汉
Age Nationality Nationality

年龄 32 国籍 中国 民族 汉
Age Nationality Nationality

医院 ☐ 妇幼保健院 ☒ 家庭 ☐ 其它 ☐
General hospital MCH hospital Home Other

签发日期 2010 年 12 月 01 日
Date of issue Year Month Day

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(盖专用章)
Organization (seal)
妇幼保健院



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

Date: 30 day of May 2025