

Ontario

MINISTRY OF GOVERNMENT AND CONSUMER SERVICES

I HEREBY CERTIFY AS FOLLOWS:

**JOSEPH JOHN FAUST**

of the Province of Ontario, whose name is subscribed to the attached Instrument, was, at the time of subscribing thereto, a **NOTARY PUBLIC** in and for the Province of Ontario, Canada, duly commissioned and duly authorized by the laws thereof to administer oaths, to take affidavits and to certify the proof of deeds and other instruments in writing to be recorded within the said Province.

I FURTHER CERTIFY THAT I have compared the signature of the said **NOTARY PUBLIC** subscribed to the attached Instrument with the specimen signature of the said **NOTARY PUBLIC** filed in this office and verily believe the said signature to be genuine; and THAT I have compared the impression of the Seal of the said **NOTARY PUBLIC** appearing on the attached Instrument with the specimen of the Seal filed in this office and verily believe the impression of the Seal to be genuine.

IN TESTIMONY WHEREOF I have hereunto set  
my Hand and affixed the Seal of the  
Ministry of Government and Consumer  
Services of the Province of Ontario at the  
City of Toronto in the said Province this  
second day of January, A.D. 2018.



A handwritten signature in black ink, reading "Kenneth H. Lobo".

for the MINISTER OF GOVERNMENT AND CONSUMER SERVICES



(2018)多领认字第 0000027 号

兹证明前面文书上加拿大安大略省政府和消费者服  
务厅的印章和认证官员Kenneth Woo的签字均属实。

该文书内容由出文机构负责。

中 华 人 民 共 和 国  
驻 多 伦 多 总 领 事 馆  
领 事

刘旭明

2018年01月02日

A4416515



2017 2520


### Notarial Certificate

I, JOSEPH J.FAUST, a Notary Public in and for the Province of Ontario, by Royal Appointment, duly appointed and residing in the City of Toronto, in the Province of Ontario, do certify and attest that the paper annexed is true copy of the document produced and purported to be the original Photo Page of

### Statement of Live Birth

Dated the 29<sup>th</sup> day of Dec. 2017.

In the City of Toronto, in the Province of Ontario.

  
**JOSEPH J.FAUST**  
Barrister & Solicitor, and Notary Public  
in and for the Province of Ontario







Certified A True  
Photostatic  
Print of a Record

on file at the  
Office of the Registrar General  
Ontario, Canada

Registration Number:  
Numéro d'enregistrement :

2006 100431

PAGE 1 of 1

Certificate number:  
Numéro du certificat :

P 445351

Date issued:  
Date de délivrance :

Feb 05 2007

File number:  
Numéro de dossier :

6888877-01-7

Office of the Registrar General  
Bureau du registraire général

Photocopie certifiée  
conforme d'un document

se trouvant dans les dossiers du  
Bureau du registraire général  
(Ontario) Canada



Ontario

Office of the  
Registrar General

Statement of Live Birth  
Form 2 Vital Statistics Act 1990

This is a permanent legal record.  
Type or print plainly in blue or black ink and complete all items.

Office use only

SECTION A - CHILD'S INFORMATION (see instructions #4 & #5)

Surname (Last Name)				Sex of Child Female			
First Name				Middle Name(s)			
Birth Date	Year	Month	Day	Name of hospital (if not hospital give exact location where birth occurred) Scarborough Hospital General Division			
Place of Birth (City, town, village, township - by name) N. Scarborough, Toronto				(Regional municipality, county or district)			

SECTION B - MOTHER'S INFORMATION (see instruction #3)

SECTION B - FATHER'S INFORMATION (see instruction #3)

Current Legal Surname (Last Name)				Current Legal Surname (Last Name)			
Legal Surname at Birth (Maiden Name) (see instruction #3g)				First and Middle Names			
First and Middle Names				Legal Surname at Birth			
Any Other Legal Surnames				Any Other Legal Surnames			
Birthplace (City/town/village)				Birthplace (City/town/village)			
Birthplace (Province/country) Toronto, P.R. China				Birthplace (Province/country) Toronto, P.R. China			
Birth Date	Year	Month	Day	Birth Date	Year	Month	Day
	2006	10	29		1971	10	17
Marital Status of Mother <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Mother's Age 32			
				Father's Age 35			

SECTION C - MOTHER'S INFORMATION (see instruction #3)

Residence - Complete street address (City, town, village, township - if rural give Post Office or Rural Route address) 157 E. J. Dale Crescent, Scarborough, Ontario				Postal Code M1S 2K7	
Mailing Address if different from above - Complete street address (if rural give Post Office or Rural Route address)				Postal Code	
Duration of pregnancy (in weeks) 39 wks	Total number of children ever born to this mother including this birth Of this Total, Number born live Of this Total, Number stillborn	2 2 0	Weight of child at birth Gross 3325 or 7 lb. 5 oz.	Kind of Birth <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Other	If multiple birth, state whether this child was born 1st, 2nd or 3rd
Name and address of Attendant at birth Dr. [Signature] 2550 Lawrence Ave E				<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Other	

SECTION D - BEFORE SIGNING PLEASE READ INSTRUCTIONS Certification of Informant (see instruction #3)

Before completing this section (see instruction 4a on page 2). If you are choosing a surname that is not one of the parent's surnames or combination of those names, but is in accordance with the child's cultural, ethnic, or religious heritage, check one of the following boxes.

☐ Cultural Heritage ☐ Religious Heritage ☐ Ethnic Heritage

I (We) certify the statements made on this form are true and correct. I am (We are) aware that it is an offence to wilfully make a false statement on this form.

I (We) have agreed that the child's surname will be as shown in section A.

☒ Yes ☐ No

Signature of Mother	Year	Month	Day
[Signature]	2006	11	7
Signature of Father	Year	Month	Day
[Signature]	2006	11	7
Signature of Informant (see instructions 3f on page 2)	Year	Month	Day
[Signature]			

SECTION E - DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY - Certification of Division Registrar

I am satisfied as to the correctness and sufficiency of these statements on this form and register the birth by signing this statement.		Registration Number	
Signature of Division Registrar [Signature]		35050	
Division Registrar	Code Number	Year	Month
CITY OF TORONTO	Toronto 2006	NOV 2	2006
For office use only			
[Signature]			

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I certify NOV 29 2006  
Cette formule est disponible en français  
of the original document  
Date: 25th day of Dec. 2006