

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province CEBU Registry No. \_\_\_\_\_  
City/Municipality CEBU CITY

**CHILD**  
1. NAME (First) (Middle) (Last)  
AUSTIN GREY QUIÑANOLA BENTOY  
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)  
20 MARCH 2017  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) 1ST 6. WEIGHT AT BIRTH 2,670 grams

**MOTHER**  
7. MAIDEN NAME (First) (Middle) (Last)  
NATHALIE SHAINÉ ENTRAMPAS QUIÑANOLA  
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC  
10a. Total number of children born alive 1 10b. No. of children still living including this birth 1 10c. No. of children born alive but are now dead 0 11. OCCUPATION NONE 12. AGE at the time of this birth (completed years) 16  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
OPAO MANDAUE CITY CEBU PHILIPPINES

**FATHER**  
14. NAME (First) (Middle) (Last)  
RUSSEL JYEBIEN TACUDIN BENTOY  
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION NONE 18. AGE at the time of this birth (completed years) 21  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
CAMBARO MANDAUE CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country) NOT MARRIED

21a. ATTENDANT  
 1 Physician  2 Nurse  3 Midwife  4 Hilot (Traditional Birth Attendant)  5 Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)  
I hereby certify that I attended the birth of the child who was born alive at 3:44 PM am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address VSMMC, CEBU CITY, CEBU  
Name in Print SARAH JEAN M. TARAY, MD  
Title or Position MEDICAL OFFICER III Date MARCH 20, 2017

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature \_\_\_\_\_  
Name in Print NATHALIE SHAINÉ E. QUIÑANOLA  
Relationship to the Child MOTHER  
Address MANDAUE CITY, CEBU  
Date MARCH 20, 2017

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print ALONA J. MONTEJO  
Title or Position CLERK  
Date MARCH 20, 2017

24. RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print LUZ N. CUGAY  
Title or Position ADMINISTRATIVE AIDE III  
Date \_\_\_\_\_

25. REGISTERED BY THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print \_\_\_\_\_  
Title or Position \_\_\_\_\_  
Date \_\_\_\_\_

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

**CERTIFIED TRUE COPY**  
BY: ALONA J. MONTEJO  
DATE: MARCH 20, 2017  
MEDICAL RECORDS SECTION  
VSMMC

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  
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Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF MARRIAGE

Province CEBU  
City/Municipality MANDAUE

Registry No. 48-117

REMARKS/ANNOTATION

Name of Contracting Parties	(HUSBAND)				(WIFE)			
	(first)	(middle initial)	(last)	(age)	(first)	(middle initial)	(last)	(age)
	NADOR	NUNEZ	QUINANOLA	29	FLORELIS A.	ENTRAMPAS		18
Date of Birth/Age	(day)	(month)	(year)	(age)	(day)	(month)	(year)	(age)
	20	July	1968	29	3	MAY	1979	18
Place of Birth	Minglanilla, Cebu				Cebu City, Cebu			
Sex (Male or Female)	Male				Female			
Citizenship	Filipino				Filipino			
Residence	Minglanilla, Cebu				Waling-waling, Opa, Mandaue City			
Religion	Roman Catholic				Roman Catholic			
Civil Status	Single				Single			
Name of Father	(first)	(middle initial)	(last)	(age)	(first)	(middle initial)	(last)	(age)
	Felomino M.		Quinanola		Leoncio N.		Entrampas	
Citizenship	Filipino				Filipino			
Name of Mother	(first)	(middle initial)	(last)	(age)	(first)	(middle initial)	(last)	(age)
	Carolina V.		Nunez		Euteria		Aparre	
Citizenship	Filipino				Filipino			
Persons who gave consent or advice	n/a				Leoncio N. Entrampas			
Relationship	n/a				Father			
Residence	n/a				Opa, Mandaue City			

FOR CCRG USE ONLY:  
Population Reference No. (Husband)

(Wife)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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Place of Marriage CHRIST THE KING PARISH  
(Office of the/House of/Barangay of/Church of/Mosque of)  
463 G. Quano St., Alang-alang, Mandaue City, Cebu, Phils.  
Address  
Date: 10 January 1998 Time: 4:30 p.m.

THIS IS TO CERTIFY: That NADOR NUNEZ QUINANOLA  
and FLORELIS A. ENTRAMPAS, both of legal age, of our own free will  
and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take  
each other as husband and wife and certifying further, that we:

- have not entered into a marriage settlement.
- have entered into a marriage settlement, a copy of which is hereto attached.

IN WITNESS WHEREOF, we signed/signed with our finger print, this certificate in quadruplicate this  
10th day of January, 1998.

NADOR NUNEZ QUINANOLA  
(Signature of Husband)

FLORELIS A. ENTRAMPAS  
(Signature of Wife)

THIS IS TO CERTIFY: THAT BEFORE ME, on the date and place above-written, personally appeared  
the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized  
by me in the presence of the witnesses named below, all of legal age.

I CERTIFY FURTHER THAT:

- Marriage License No. 2141198 issued on December 12, 1997 at Mandaue City, Cebu in favor of said parties, was exhibited to me.
- no marriage license was necessary, the marriage being solemnized under Art. \_\_\_\_\_ of Executive Order No. 209.
- the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083.

REV. FR. RUFINO DE GRACIA  
(Signature of Solemnizing Officer)  
ASSISTING PRIEST

(Position/Designation)  
96-1733-98  
(Religious Affiliation, Registry No. and Expiration Date, if applicable)

MR. AGUSTO MENDOZA  
(Print Name and Sign)

MRS. LORNA GEPULLA  
(Print Name and Sign)

RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

FLAVIANA C. BASILCO  
Signature  
City Registrar  
(Designation)  
Title or Position  
Date Received 1/12/98

RECEIVED ORIGINAL  
NAME: R  
DATE: 1/12/98



(Copy)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
<p align="center">Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH</p> <p align="center"><small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 7, 9a, 10 and 11a.)</small></p>					
Province <b>CEBU</b>		Region <b>10</b>		Registration No. <b>03215</b>	
City/Municipality <b>CEBU CITY</b>					
CHILD	1. NAME (First) (Middle) (Last) <b>NATHALIE SHAINÉ EXTRAKPAB QUIÑANOLA</b>		For OCRC USE ONLY: Population Reference No.		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>10 FEBRUARY 2001</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <b>CEBU PUER. CENTER &amp; MAT. HOUSE INC. CEBU CITY CEBU</b>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
MOTHER	c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <b>3rd</b>		d. WEIGHT AT BIRTH <b>4360</b> grams		
	6. MAIDEN NAME (First) (Middle) (Last) <b>FLORDELIS APARRE ENTRAMPAS</b>		41 <b>01/03215</b>		
	7. CITIZENSHIP <b>FIL.</b>		8. RELIGION <b>R.O.</b>		
	9a. Total number of children born alive: <b>3</b>		b. No. of children still living including this birth: <b>3</b>		c. No. of children born alive but are now dead: <b>0</b>
FATHER	10. OCCUPATION <b>HOUSEWIFE</b>		11. Age at the time of this birth: <b>21</b> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>OPAO WALING-WALING MANDAUE CITY CEBU</b>		42 <b>03</b> 44 <b>03</b>		
	13. NAME (First) (Middle) (Last) <b>RADOR NUÑEZ QUIÑANOLA</b>		43 <b>03</b> 45 <b>03</b>		
	14. CITIZENSHIP <b>FIL.</b>		15. RELIGION <b>R.O.</b>		
16. OCCUPATION <b>FACTORY WORKER</b>		17. Age at the time of this birth: <b>32</b> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <b>JANUARY 10, 1998 MANDAUE CITY</b>					
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <b>10:10A.M.</b> o'clock am/pm on the date stated above.					
Signature: <i>[Signature]</i> Name in Print: <b>GENEVYVE CONCEPCION, M.D.</b> Title or Position: <b>Physician</b>		Address: <b>CEBU PUER. CENTER &amp; MAT. HOUSE INC., CEBU CITY</b> Date: <b>FEB. 10/2001</b>			
20. INFORMANT Signature: <i>[Signature]</i> Name in Print: <b>FLORDELIS S. QUIÑANOLA</b> Relationship to the child: <b>Mother</b>		Address: <b>OPAO WALING-WALING MANDAUE CITY</b> Date: <b>FEB. 10/2001</b>			
21. PREPARED BY Signature: <i>[Signature]</i> Name in Print: <b>SOKIA M. GABU</b> Title or Position: <b>clerk</b> Date: <b>Feb. 10/2001</b>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <i>[Signature]</i> Name in Print: <b>AGNES C. DENAPU</b> Title or Position: <b>AS. CLERK</b> Date: <b>FEB 15 2001</b>			

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*[Signature]*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

