



Municipal Form No. 102 (Revised January 2007) accomplished in quadruplicate using black ink

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

Province CEBU Registry No. 2012 03390
City/Municipality CEBU CITY

CHILD
1. NAME (First) JOHANNA DAVE (Middle) OQUIAS (Last) GABRIEL
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 18 (Month) JANUARY (Year) 2012
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) SACRED HEART HOSPITAL URGELLO ST., CEBU CITY, CEBU (City/Municipality) (Province)
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) * 5c. BIRTH ORDER (Order of this birth in previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2650 grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last) CHERRILYN VIÑAN OQUIAS
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) 20
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) EL PARDO, BOLJOON, CEBU, PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last) JONATHAN NIERE GABRIEL
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION NONE 18. AGE at the time of this birth (completed years)
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) EL PARDO, BOLJOON, 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)

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

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Heilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at 05:56 AM on the date of birth specified above.
Signature [Signature] Address C/O Sacred Heart Hospital
Name in Print SHARON MONTIVEROS, M.D. Urgello St, Cebu City
Title or Position Attending Physician Date January 18, 2012

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature C. Oquias
Name in Print CHERRILYN V. OQUIAS
Relationship to the Child Mother
Address El Pardo, Boljoon Cebu
Date January 18, 2012

23. PREPARED BY
Signature [Signature]
Name in Print HAIDEE M. ORNOPIA
Title or Position Medical Records Clerk
Date January 18, 2012

24. RECEIVED BY
Signature [Signature]
Name in Print RIDOLITO P. YBAÑEZ
Title or Position Administrative Aide I
Date JAN 30 2012

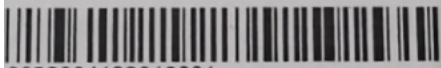
25. REGISTERED BY THE CIVIL REGISTRAR
Signature [Signature]
Name in Print OSCAR B. MOLO
Title or Position Assistant City Civil Registrar
Date JAN 30 2012

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
8 9 11 13 15 16 17 19

946-78-429RVM-00220-BI001

IMAGE



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02217-B12BJOV-8

Documentary
Stamp Tax Paid

Lisa Grace S. B.
LISA GRACE S. BERSAL
National Statistician and Civil R
Philippine Statistics A

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION CERTAINITY
 (For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, JONATHAN N. GABRIEL and CHERRILYN V. OQUIAS
 legal age, am/are the natural mother and/or father of JOHANNA DAVE O. GABRIEL who was
 born on January 18, 2012 at SACRED HEART HOSPITAL, URGELLO ST., CEBU CITY

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
 acknowledging my/our child.

JONATHAN N. GABRIEL C. Oquias
 (Signature Over Printed Name of Father) (Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this Jan 27 2012 by
 and _____, who exhibited to me (his/her)
 Community Tax Cert. No. 27062908 issued on April 29, 2011 at
BOLJOON, CEBU

ATTY. ALBERTINO P. MATA, JR.
 NOTARY PUBLIC
 UNTIL DECEMBER 31, 2012
 Signature of the Administering Officer
 IBP No. 8787827-15-12 C.D.
 PTR No. 2178672-15-12 C.D.
 TIN No. 140-344874

JOC. NU. 27
 PAGE NO. 27 Title/Designation
 BOOK NO. 27
 OFFICE 10W Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH
 (To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

_____, of legal age, single/married/divorced/widow/widower, with
 residence and postal address at _____
 after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of:
 - my birth in _____ on _____
 - the birth of _____ who was born in _____
 _____ on _____ who resides at _____
- That I/he/she was attended at birth by _____
- That I am/he/she is a citizen of _____
- That my/his/her parents were married on _____ at _____
 not married but I/he/she was acknowledged/not acknowledged by my/his/her
 father whose name is _____
- That the reason for the delay in registering my/his/her birth was _____
- (For the applicant only) That I am married to _____
 (If the applicant is other than the document owner) That I am the _____ of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____, Philippines.
 _____ at _____
 (Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____
 _____, Philippines, affiant who exhibited to me his Community Tax Ce
 _____ at _____
 issued on _____

Signature of the Administering Officer _____ Position / Title / Designation _____
 Name in Print _____ Address _____

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Lisa G
LISA GR
National Statis
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