

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2022 13272
City/Municipality CEBU CITY	

CHILD	1. NAME (First) (Middle) (Last) ADRIEL NIÑO PLARAS MAGLASANG		
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 1 AUGUST 2022	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) PERPETUAL SUCCOUR HOSPITAL - GORORDO AVENUE - 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.) FIRST

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) MARY KIMBERLY ANOBA PLARAS			
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT 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
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 0230-ERMITA PROPER, CEBU CITY, CEBU, PHILIPPINES			12. AGE at the time of this birth (completed years) 24

FATHER	14. NAME (First) (Middle) (Last) JOSE LUIGI ESTRADA MAGLASANG		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT CATHOLIC	17. OCCUPATION NONE
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 4361-H. LABRA ST., GUADALUPE, CEBU CITY, CEBU, PHILIPPINES		
	18. AGE at the time of this birth (completed years) 21		

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 **6:48 AM** am/pm on the date of birth specified above.

Signature _____ Address **C/O PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU**
 Name in Print **DR. IMMA LEE PUA/DR. CORAZON DIORICO**
 Title or Position **ATTENDING PHYSICIAN** Date **August 02, 2022**

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 **MARY KIMBERLY A. PLARAS**
 Relationship to the Child **MOTHER**
 Address **0230 ERMITA PROPER, CEBU CITY**
 Date **August 02, 2022**

23. PREPARED BY
 Signature _____
 Name in Print **JANE P. TANGO-AN**
 Title or Position **MEDICAL RECORD CLERK**
 Date **August 02, 2022**

24. RECEIVED _____
 Signature _____
 Name in Print **LUZ N. CUGAY**
 Title or Position **Administrative Aide III**
 Date **AUG 16 2022**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print **PHILIPP A. MEGABON**
 Title or Position **REGISTRATION OFFICER IV**
 Date **AUG 16 2022**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

CERTIFIED TRUE COPY
RUPERT S. BADO
 REGISTRATION OFFICER III

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8	9	11	13	15	16	17	19

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, JOSE LUIGE E. MAGLASANG and MARY KIMBERLY A. PLARAS
of legal age, am/are the father of ADRIEL NIÑO PLARAS MAGLASANG who was
born on August 01, 2022 at PERPETUAL SUCCOUR HOSPITAL, GORORDO AVENUE, CEBU CITY, CEBU

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

JOSE LUIGE E. MAGLASANG (Signature of Father) MARY KIMBERLY A. PLARAS (Signature of Mother)

SUBSCRIBED AND SWORN to before me this 12th day of August, 2022 by
JOSE LUIGE E. MAGLASANG and MARY KIMBERLY A. PLARAS who exhibited to me his/her
CTC/valid ID POlice OFFICER ID issued on 7/20/2022 at

CEBU CITY AVENUE ARVON B. PANARES, CEBU CITY
Notary Public for and the Cebu City
Roll No. 51791
IBP No. 199689 Jan. 19, 2022
PTR No. 899903 06, 2022
MCLE Compliance No. VI-0000863
COMMISSION EXPIRES 12-31-2022
Position / Title / Designation
Address

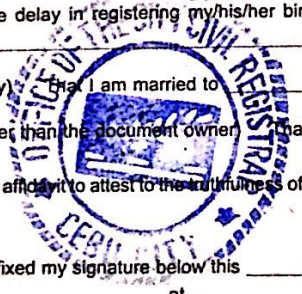
AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

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

I, _____, 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 _____
- That I/he/she was attended at birth by _____ who resides at _____
- 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.



CERTIFIED TRUE COPY
RUPERT S. BADO
REGISTRATION OFFICER II

In truth whereof, I have affixed my signature below this _____ day of _____
at _____, Philippines.

YAGUO IM
(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____
Philippines, affiant who exhibited to me his/her CTC/valid ID
issued on _____ at _____

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