



(Copy for OCP)

Municipal Form No. 102
(Revised January 1998)

(To be accomplished in quadruplicate)

MEMORANDUM/REGISTRATION

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

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU Registration No. 2000 34579
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
MBROSE ANDREA ALEXIS CANENCIA MABANI

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
27 NOVEMBER 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
WELFARE FAMILY MIDWIFE CLINIC 466-1 V. RAMA AVE. CEBU CITY.

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (five births and fetal deaths including this delivery) FIRST (first, second, third, etc.) d. WEIGHT AT BIRTH
2,954 grams

6. MAIDEN NAME (First) (Middle) (Last)
ROSEMARIE CANENCIA MABANI

7. CITIZENSHIP FILIPINO 8. RELIGION R. CATHOLIC

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 18 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
LANGUB KALUNASAN, GUADALUPE, CEBU CITY.

13. NAME (First) (Middle) (Last)
ELMER HERNIT ROTILLES

14. CITIZENSHIP FILIPINO 15. RELIGION R. CATHOLIC

16. OCCUPATION STUDENT 17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT 1 Physician 2 Nurse X 3 Midwife
4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 3:05 am. o'clock am/pm on the date stated above.

Signature [Signature] Address 466-1 V. RAMA AVE. CEBU CITY.
Name in Print FLORAME N. QUILARIO
Title or Position REGISTERED MIDWIFE Date NOVEMBER 27, 2000

20. INFORMANT
Signature [Signature] Address LANGUB, KALUNASAN, GUADALUPE, CEBU CITY.
Name in Print ELMER H. ROTILLES
Relationship to the child FATHER Date NOVEMBER 27, 2000

21. PREPARED BY
Signature [Signature]
Name in Print FLORAME N. QUILARIO
Title or Position REGISTERED MIDWIFE
Date NOVEMBER 27, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print AGNES LINDA
Title or Position CLERK
Date DEC 18 2000

REGISTRATION REFERENCE NO.
2217-BOOXT35-7

FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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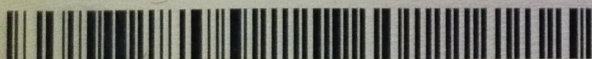
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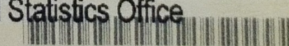
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02217-BOOXT0T-8

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA

Administratrix and Civil Registrar General
National Statistics Office





For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, ELMER H. ROSALES and ROSAMARIA S. HAHAM parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

[Signature]
(Signature of Father)

[Signature]
(Signature of Mother)

Community Tax No. _____
Date Issued CCIT999 15228972
Place Issued OCTOBER 11, 2000
CEBU CITY

Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ at CEBU CITY, Philippines.

[Signature]
(Signature of Administering Officer)
2007
2007
(Name in Print) _____ OF _____

[Signature]
EDUARDO ROSALES JR.
(Title/Designation)
JUN 31 2001
CEBU CITY
2000

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

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

- That I am the applicant for the delayed registration of my birth/of the birth of _____
- That I/he/she was born on _____ at _____
- That I/he/she was attended at birth by _____ who resides at _____
- That I/he/she is a citizen of _____
- That my/his/her parents were married on _____ at _____ not married but was acknowledge by my/his/her father whose name is _____
- That the reason for the delay in registering my/his/her birth was due to _____
- That a copy of my/his/her birth certificate is needed for the purpose of _____
- (For the applicant only) That I am married to _____ (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)
Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this 5000 by 31233 at _____, Philippines.

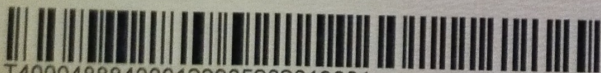
(Signature of Administering Officer)
(Name in Print) _____

(Title/Designation)

(Address)

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Documentary
Stamp Tax Paid

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

