



Municipal Form No. 102
Revised January 2007

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

accomplished in quadruplicate using black ink

Province CEBU		City/Municipality CEBU CITY		Registry No. 2016 27624		
CHILD	1. NAME (First) AMYRRH CONAH (Middle) JAGNA (Last) SANDHU					
	2. SEX (Male / Female) FEMALE		3. DATE OF BIRTH (Day) 19 (Month) SEPTEMBER (Year) 2016			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU					
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE		5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE		5c. BIRTH ORDER (Give the birth order from the first to the last) (First, Second, Third, etc.) THIRD	6. WEIGHT AT BIRTH 1,800 grams
MOTHER	7. MAIDEN NAME (First) CONE (Middle) ABELLA (Last) JAGNA					
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC			
	10a. Total number of children born alive 3	10b. No. of children still living including this birth 3	10c. No. of children born alive but are now dead 0	11. OCCUPATION NONE	12. AGE at the time of this birth (Completed years) 34	
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SITIO LOURDES, WHITE ROAD, INAYAWAN, CEBU CITY, CEBU, PHILS.					
FATHER	14. NAME (First) RANDY (Middle) PENDON (Last) SANDHU					
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		17. OCCUPATION SEAMAN	
	18. AGE at the time of this birth (Completed years) 32					
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SITIO LOURDES, WHITE ROAD, INAYAWAN, CEBU CITY, CEBU, PHILS.					
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)						
20a. DATE (Month) (Day) (Year) JUNE 5, 2009			20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY, CEBU, PHILIPPINES			
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 12:58 PM am/pm on the date of birth specified above. Signature _____ Address CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY Name in Print GLADYS PELICANO, M.D. Title or Position PHYSICIAN Date 19 SEPTEMBER 2016						
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 CONIE J. SANDHU Relationship to the Child MOTHER Address INAYAWAN, CEBU CITY, CEBU Date 19 SEPTEMBER 2016			23. PREPARED BY Signature _____ Name in Print MARIA EVA T. TAPING Title or Position CLERK Date 19 SEPTEMBER 2016			
24. RECEIVED BY Signature _____ Name in Print LIZ N. CUGAY Title or Position ADMINISTRATIVE AIDE III Date 17 OCT 2016			25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print HENRY P. TOMALACAD Title or Position ASST. CITY CIVIL REGISTRAR Date 17 OCT 2016			
REMARKS/ANNOTATIONS (For Use Only)						
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR						
8 9 11 13 15 16 17 19						

07842-2D-400ARM-00625-BI004

BEST POSSIBLE IMAGE



7400078424000062506212021004

BReN
02217-B16TK1E-9

Documentary
Stamp Tax Paid

CDSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: CEBU Register Number: (a) Civil Registrar-General No. (b) Local Civil Registrar No. 782 (1982)

1. PLACE OF BIRTH: a. Province CEBU, b. City or Municipality MINGLANILLA, c. NAME OF HOSPITAL OR INSTITUTION PA KIGNE, d. IS PLACE OF BIRTH INSIDE CITY LIMITS? No X, e. USUAL RESIDENCE OF MOTHER (Where does mother live?), a. Province CEBU, b. City of Municipality MINGLANILLA, f. NUMBER AND STREET, g. IS RESIDENCE ON A FARM? No X, h. IS RESIDENCE INSIDE CITY LIMITS? No X

3. NAME (Type or print) CONNIE JOHIE ABELLA JAGNA Last, 4. SEX F, 5a. THIS BIRTH Single X, 5b. IS TWIN OR TRIPLE? WAS CHILD No, 5. DATE OF BIRTH Month 8, Day 9, Year 1982

7. NAME ROBERTO DAAN JAGNA, 8. AGE (At time of this birth) 25, 10. BIRTHPLACE ZINAYUAN, PANGLO OROQUI, 11a. USUAL OCCUPATION LAB., 11b. KIND OF BUSINESS OR INDUSTRY

12. MAIDEN NAME CONCEPCION CALONA ABELLA, 13. NATURALITY, 14. AGE (At time of this birth) 21, 15. BIRTHPLACE PAKIGNE, MINGLANILLA, 16. PREVIOUS DELIVERIES (Do not include this birth) 1

17a. INFORMANT'S SIGNATURE: a. NAME IN PRINT: FE C. MANTILLA, b. ADDRESS POBLACION, MINGLANILLA, CEBU, 17b. How many children are now living? 1, 17c. How many other children were born alive but are now dead?, 17d. How many fetuses death fetuses born dead some time after conception.

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) PAKIGNE, MINGLANILLA, CEBU

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 8:00 o'clock P.M. on the date above indicated. c. DATE SIGNED BY ATTENDANT OF BIRTH: 8-6-1982, d. TITLE OF ATTENDANT AT BIRTH: Midwife

20. RECEIVED IN THE OFFICE OF THE CIVIL REGISTRAR BY: a. SIGNATURE, b. NAME IN PRINT, c. TITLE OR POSITION, d. DATE, 21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT, b. DATE WHEN GIVEN NAME WAS SUPPLIED: 7-6-1982

22. LENGTH OF PREGNANCY 30 COMPLETED WEEKS, 22b. WEIGHT AT BIRTH 6.5, 23. LEGITIMATE Yes X

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For female birth) JAN. 10 1980, 25. THIS CERTIFICATE IS PREPARED BY: FE C. MANTILLA, SIGNATURE, NAME IN PRINT, TITLE OF POSITION, DATE: 9-5-1982

City or Municipality MINGLANILLA Province CEBU (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING

01887-78-400NMG-00455-BI003

BEST POSSIBLE IMAGE



T400018874000045503022005003

[02232-A82R902-4]

Carmelita N. ERICTA Administrator and Civil Registrar General National Statistics Office

(Copy for OCRC)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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 18a.)

Province CEBU City/Municipality CEBU CITY 70009010018

1. NAME (First) (Middle) (Last)
CHARLES ALEXANDER JAGNA SANDHU

2. SEX Male Female

3. DATE OF BIRTH (day) (month) (year)
5 APRIL 2009

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU

5a. TYPE OF BIRTH Single Twin Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) **SECOND**

d. WEIGHT AT BIRTH **2,350** grams

6. MAIDEN NAME (First) (Middle) (Last)
COME ABELLA JAGNA

7. CITIZENSHIP **FILIPINO** 8. RELIGION **ROMAN CATHOLIC**

9a. Total number of children born alive: **2**

b. No. of children still living including this birth: **2**

c. No. of children born alive but are now dead: **0**

10. OCCUPATION **INDEXER/ABSTRACTOR** 11. Age at the time of this birth: **27** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
WHITE ROAD MAYANAN CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
RANDY PENDON SANDHU

14. CITIZENSHIP **FILIPINO** 15. RELIGION **ROMAN 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 Physician 2 Nurse 3 Midwife
 4 Healer (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 **3:14PM** o'clock am/pm on the date stated above.

Signature Mary Ann Decena, M.D. Address CEBU PUER. CTR & MATERNITY HOUSE, INC. CEBU CITY
Name in Print **MARY ANN DECENA, M.D.** Date **5 APRIL 2009**
Title or Position **PHYSICIAN**

20. INFORMANT
Signature Come A. Jagna Address WHITE ROAD MAYANAN, CEBU CITY, CEBU
Name in Print **COME A. JAGNA** Date **5 APRIL 2009**
Relationship to the child **MOTHER**

21. PREPARED BY
Signature Clarisa T. Roxas
Name in Print **CLARISA T. ROXAS**
Title or Position **CLERK**
Date **5 APRIL 2009**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Oscar B. Inolo
Name in Print **OSCAR B. INOLO**
Title or Position **REGISTRATION OFFICER**
Date **APR 14 2009**

For OCRC USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 _____

46 _____

49 50 _____

56 _____

61 _____

62 64 _____

66 68 _____

70 72 74 _____

76 78 _____

81 _____

86 87 _____

89 _____

91 _____

93 _____

94 _____

06680-47-400MCM-03401-BI001

BEST POSSIBLE IMAGE

BReN

02217-B09G50Y-2

Documentary
Stamp Tax Paid

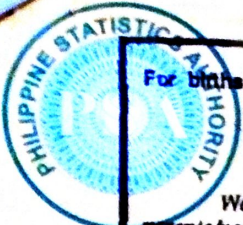
Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority



30490340104162018001



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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, RASDY P. JAMDEU and CONIG A. JAGUA 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/hmy knowledge and belief.

Signature of Father: Rasdy P. Jamdeu
Community Tax No. 21115409
Date Issued FEBRUARY 13, 2009
Place Issued CEBU CITY

Signature of Mother: Conig A. Jagua
Community Tax No. 21115408
Date Issued FEBRUARY 13, 2009
Place Issued CEBU CITY

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

Signature of Administering Officer
(Name in Print)

Signature of Registrar
Title/Designation
Address
TEL NO. CEBU CITY
IBP NO. 744807

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 15 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:

- 1. That I am the applicant for the delayed registration of my birth/of the birth of
2. That I/he/she was born on at
3. That I/he/she was attended at birth by who resides at
4. That I/he/she is a citizen of
5. That my/his/her parents were married on at not married but was acknowledge by my/his/her father whose name is
6. That the reason for the delay in registering my/his/her birth was due to
7. That a copy of my/his/her birth certificate is needed for the purpose of
8. (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 day of at, Philippines.

Signature of Administering Officer
(Name in Print)

Title/Designation
Address

06680-47-400MCM-03401-BI001

BEST POSSIBLE IMAGE

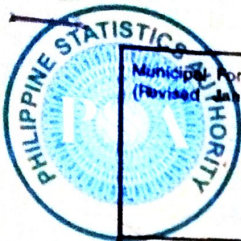


BRen 02217-B09G50Y-2

Documentary

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

Province CEBU
City/Municipality CEBU CITY Registration No. 2007 13191

1. NAME (First) (Middle) (Last) <u>ANDRE CARL</u> <u>JAGMA</u> <u>SANDHU</u>		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>8 MAY 2007</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU PUER. CENTER & MAT. HOUSE INC., CEBU CITY CEBU</u>		
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 _____	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>2,400</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>CONIE</u> <u>ABELLA</u> <u>JAGMA</u>		
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>
9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>INDEXER/ABTRACTOR</u>		11. Age at the time of this birth: <u>24</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>WHITE ROAD, INAYANAN CEBU CITY CEBU</u>		
13. NAME (First) (Middle) (Last) <u>RANDY</u> <u>PENDON</u> <u>SANDHU</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>
16. OCCUPATION <u>STUDENT</u>		17. Age at the time of this birth: <u>23</u> 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 3 Midwife
 4 Healer (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 7:00 A.M. o'clock am/pm on the date stated above.
Signature Teresita B. Matela Address CEBU PUER. CENTER & MAT. HOUSE INC., CEBU CITY CEBU
Name in Print TERESITA MAPELA, M.D. Date MAY 8, 2007
Title or Position PHYSICIAN

20. INFORMANT
Signature Conie A. Jagma Address WHITE ROAD, INAYANAN CEBU CITY, CEBU
Name in Print CONIE A. JAGMA Date MAY 8, 2007
Relationship to the child MOTHER

21. PREPARED BY
Signature Christie L. Turceno Signature Oscar B. Molo
Name in Print CLERK Name in Print REGISTRATION OFFICER IN CHARGE
Title or Position _____ Date MAY 8, 2007 Date MAY 17 2007

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 _____

48 _____

49 50 _____

56 _____

61 _____

62 64 _____

68 69 _____

70 72 74 _____

76 79 _____

81 _____

86 87 _____

88 91 _____

93 _____

94 _____

06680-5D-400MCM-03395-BI001

BEST POSSIBLE IMAGE



T400066804000339504162018001

BRen
02217-807J812-6

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, RANDY P. SANDEU and CONIE JACNA 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 of Father: Randy P. Sandeu; Signature of Mother: Conie Jacna; Community Tax No. 15347143; Date Issued: FEBRUARY 14, 2007; Place Issued: CEBU CITY

SUBSCRIBED AND SWORN to before me this MAY 16, 2007 day of CEBU CITY, Philippines.

Notary Public: HIPPOCRATES R. ROCINA; DDC No. 343; PAGE No. 19; 300K No. 2007; SERIES OF (Address)

Not valid after February 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:

- 1. That I am the applicant for the delayed registration of my birth/of the birth of
2. That I/he/she was born on _____ at _____
3. That I/he/she was attended at birth by _____ who resides at _____
4. That I/he/she is a citizen of _____
5. That my/his/her parents were [] married on _____ at _____ [] not married but was acknowledge by my/his/her father whose name is _____
6. That the reason for the delay in registering my/his/her birth was due to _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. [] (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 _____ day of _____, Philippines.

(Signature of Administering Officer); (Name in Print); (Title/Designation); (Address)

06680-5D-400MCM-03395-BI001

BEST POSSIBLE IMAGE



T40066884980339504162018001

BREN 02217-B07J812-6

Documentary Stamp Tax Paid

Lisa Grace S. Bersales LISA GRACE S. BERSALES, Ph.D. National Statistician and Civil Registrar General Philippine Statistics Authority



