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LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ROGINE L. AMPPO AND VIRGILIA C. AMPASIN  
ON JANUARY 08, 2000 AT DALAGUETE, CEBU UNDER REGISTRY NUMBER 2000-41. THE CHILD SHALL BE KNOWN AS:  
RHIGINE MIE AMPASIN AMPO



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, 6b and 18a.)

Province CEBU Registry No. 99 25016  
City/Municipality \_\_\_\_\_

REMARKS/ANNOTATION

1. NAME (First) VERGILIA (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
2. SEX FEMALE 3. DATE OF BIRTH (day) 27 (month) SEPTEMBER (year) 1999

For OCR USE ONLY:  
Population Reference No. \_\_\_\_\_

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) \_\_\_\_\_ (City/Municipality) \_\_\_\_\_ (Province) \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

5a. TYPE OF BIRTH 1 Single 2 Twin 3 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.) \_\_\_\_\_ d. WEIGHT AT BIRTH \_\_\_\_\_ grams

\_\_\_\_\_

6. MAIDEN NAME (First) VERGILIA (Middle) CAUSAO (Last) AMPASIN

\_\_\_\_\_

7. CITIZENSHIP PHILIPPINO 8. RELIGION ROMAN CATHOLIC

\_\_\_\_\_

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

\_\_\_\_\_

10. OCCUPATION NONE 11. Age at the time of this birth: 28 years

\_\_\_\_\_

12. RESIDENCE (House No., Street, Barangay) \_\_\_\_\_ (City/Municipality) \_\_\_\_\_ (Province) \_\_\_\_\_

\_\_\_\_\_

13. NAME (First) ROGINE (Middle) DE ABRIEL (Last) AMPPO

\_\_\_\_\_

14. CITIZENSHIP PHILIPPINO 15. RELIGION ROMAN CATHOLIC

\_\_\_\_\_

16. OCCUPATION SEAMAN 17. Age at the time of this birth: 27 years

\_\_\_\_\_

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

\_\_\_\_\_

18a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Heil (Traditional Midwife) 5 Others (Specify) \_\_\_\_\_

\_\_\_\_\_

18b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 8:00 A.M. o'clock am/pm on the date stated above.

\_\_\_\_\_

Signature \_\_\_\_\_ Address CEBU PUER. CENTER & H.C.  
Name in Print MARILYN AMADOR, M.D. RODRIGUEZ, INC., CEBU CITY  
Title or Position PHYSICIAN Date SEPTEMBER 27, 1999

\_\_\_\_\_

20. INFORMANT Signature \_\_\_\_\_ Address UNSD DE ABRIEL  
Name in Print VIRGILIA AMPASIN CEBU CITY  
Relationship to the child MOTHER Date SEPTEMBER 27, 1999

\_\_\_\_\_

21. PREPARED BY Signature \_\_\_\_\_ Address \_\_\_\_\_  
Name in Print JOSEAN B. LYNG  
Title or Position CLERK Date SEPTEMBER 27, 1999

\_\_\_\_\_

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

\_\_\_\_\_

Signature \_\_\_\_\_ Name in Print \_\_\_\_\_ Title or Position \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Name in Print \_\_\_\_\_ Title or Position \_\_\_\_\_ Date \_\_\_\_\_

MS. EDITHA R. ORCULLA  
Chief, Document Management Division

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





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

F 691

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**  
**BUO NGINE**

We/I, \_\_\_\_\_ and \_\_\_\_\_  
parent/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 of Mother)

Community Tax No. 02820046

Community Tax No. \_\_\_\_\_

Date Issued 3/25/99

Date Issued \_\_\_\_\_

Place Issued CEBU CITY

Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 06 day of 1999

at ROLANDO C. GRAPA, Philippines.

Notary Public  
Until Dec. 31/2000

(Signature of Notary Public)

Jan. 4, 1999, Cebu City

(Name in Print)

(Title/Designation)

(Address)

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:

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 00 day of 2018

at \_\_\_\_\_, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

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National Statistician and Civil Registrar General  
Philippine Statistics Authority

