PHILIPPINE STATISTICS AUTHORITY PSA

Municipal Form No. 102
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: CEBU
City/Municipality: MANDAUE CITY

Registry No. 2019-01401

CHILD

1. NAME: NINA MICHAELA ABRIL CAMBAL (First / Middle / Last)
2. SEX (Male / Female): FEMALE
3. DATE OF BIRTH: 21 JANUARY 2019 (Day / Month / Year)
4. PLACE OF BIRTH: ST. CLAIRE PAANAKAN A FPS; TIPOLO, MANDAUE CITY, CEBU (Name of Hospital/Clinic/Institution/House No., St., Barangay / 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 among previous live births including fetal deaths) (First, Second, Third, etc.): SECOND
6. WEIGHT AT BIRTH: 3000 grams

MOTHER

7. MAIDEN NAME: CHERRY MAE ABRIL (First / Middle / Last)
8. CITIZENSHIP: FILIPINO
9. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
10a. Total number of children born alive: 2
10b. No. of children still living including this birth: 1
10c. No. of children born alive but are now dead: 01
11. OCCUPATION: NONE
12. AGE at the time of this birth (completed years): 20
13. RESIDENCE (House No., St., Barangay / City/Municipality / Province / Country): LABOGON, MANDAUE CITY, CEBU, PHILIPPINES

FATHER

14. NAME: FRANCISCO JR. ARESCON CAMBAL (First / Middle / Last)
15. CITIZENSHIP: FILIPINO
16. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
17. OCCUPATION: COSTUMER SUPPORT ASSOCIATE
18. AGE at the time of this birth (completed years): 28
19. RESIDENCE (House No., St., Barangay / City/Municipality / Province / Country): LABOGON, MANDAUE CITY, 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): NOT MARRIED

21a. ATTENDANT
1 Physician 2 Nurse X 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 07:42PM am/pm on the date of birth specified above.

Signature:
Name in Print: JANICE V. BALIGHOT
Title or Position: R.M
Address: TIPOLO, MANDAUE CITY, CEBU, PHILIPPINES
Date: JANUARY 21, 2019

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: CHERRY MAE ABRIL
Relationship to the Child: MOTHER
Address: LABOGON, MANDAUE CITY, CEBU
Date: JANUARY 21, 2019

23. PREPARED BY

Signature:
Name in Print: SHIRLAN C. PAGATPAT
Title or Position: R.M
Date: JANUARY 21, 2019

24. RECEIVED BY

Signature:
Name in Print: EMMA LU R BERENDSE
Title or Position: OFFICE AIDE
Date: FEB 0 8 2019

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature:
Name in Print: THELMA C. CRISOLOGO
Title or Position: CITY CIVIL REGISTRAR
Date: FEB 0 8 2019

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

6 9 11 13 15 16 17 19

07321-3E-400ILO-01714-BI007

BEST POSSIBLE IMAGE

BReN
02230-B19BM07-1

Documentary

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

PHILIPPINE STATISTICS AUTHORITY PSA

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, CHERRY MAE ABRIL and FRANCISCO A. CAMBAL JR., of legal age, am/are the natural mother and/or father of NYRA MICHAELA ABRIL CAMBAL, who was born on JANUARY 21, 2019 at ST. CLAIRE PAAMAKAM & FPS;

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

FRANCISCO A. CAMBAL JR.
(Signature Over Printed Name of Father)

CHERRY MAE ABRIL
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this FEB 04 2019 day of MANDAUE CITY, by

and , who exhibited to me his/her CTC/valid ID CCI2017011708A1 issued on JANUARY 04, 2019 at MANDAUE CITY, CEBU

DOC NO. 93
PAGE NO. 28
BOOK NO. 79
SERIES OF 2019

Signature of the Administering Officer

Name in Print

JOSE E. TIDOSO
NOTARY PUBLIC-NC# 2018-45
UNTIL DECEMBER 31 2018
RDT BLDG. TIPOLO MANDAUE CITY
PTR [illegible] / January 19
ISSUED AT MANDAUE CITY
TIN 164-295-525
ROLL NO. 37995

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:

1. That I am the applicant for the delayed registration of:
   - ☐ my birth in on
   - ☐ the birth of who was born in on
2. That I/he/she was attended at birth by who resides at
3. That I am/he/she is a citizen of
4. 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
5. That the reason for the delay in registering my/his/her birth was
6. (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.
7. 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 at Philippines.

(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

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Documentary
Stamp Tax Paid

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National Statistician and Civil Registrar General
Philippine Statistics Authority