



Municipal Form No. 102
Revised August 2016

Completed in quadruplicate using black ink

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

Province CEBU		Registry No. 2019-01401		
City/Municipality MANDAUE CITY				
CHILD	1. NAME (First) NIÑA MICHAELA (Middle) ABRIL (Last) CAMBAL			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 21 (Month) JANUARY (Year) 2019		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) ST. CLAIRE PAANAKAN & FPS, TIPOLO, MANDAUE CITY (City/Municipality) CEBU (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 child in procreation (First, Second, Third, etc.)) SECOND	5. WEIGHT AT BIRTH 3000 grams
MOTHER	7. MOTHER NAME (First) CHERRY MAE (Middle) (Last) ABRIL			
	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 1	11. OCCUPATION NONE
	13. RESIDENCE (House No., St., Barangay) LABOGON (City/Municipality) MANDAUE CITY (Province) CEBU (Country) PHILIPPINES		12. AGE at the time of this birth (completed years) 20	
FATHER	14. NAME (First) FRANCISCO JR. (Middle) ARESCON (Last) CAMBAL			
	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) LABOGON (City/Municipality) MANDAUE CITY (Province) CEBU (Country) 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				
<input type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input checked="" 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 07:42PM on the date of birth specified above.				
Signature _____ Name in Print JANICE V. BALIGHOT Title or Position _____		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.		23. PREPARED BY		
Signature _____ Name in Print CHERRY MAE ABRIL Relationship to the Child MOTHER Address LABOGON, MANDAUE CITY, CEBU Date JANUARY 21, 2019		Signature _____ Name in Print SHIRLEY G. PAGATPAT Title or Position _____ Date JANUARY 21, 2019		
24. RECEIVED BY		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR		
Signature _____ Name in Print EMMA LU R BERENDSE Title or Position OFFICE AIDE Date FEB 08 2019		Signature _____ Name in Print THELMA C. CRISOLOGO Title or Position CITY CIVIL REGISTRAR Date FEB 08 2019		
REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
8	9	11	13	
15	16	17	19	

07321-3E-400ILO-01714-BI007

BEST POSSIBLE IMAGE

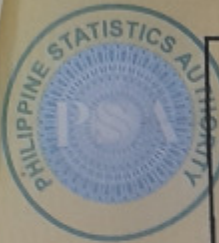
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02230-B19BM07-1

Documentary

CSM

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





AFFIDAVIT OF KNOWLEDGMENT/ADMISSION OF PATERNITY

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

I/We, CHERRY MAR ABRIL and FRANCISCO A. CANGAL JR.
of legal age, am/are the natural mother and/or father of MYRA MICHAELA ABRIL CANGAL, who was
born on JANUARY 21, 2019 at ST. CLAIRE PAANAKAN & PPS,

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. CANGAL JR.
(Signature Over Printed Name of Father)

CHERRY MAR ABRIL
(Signature Over Printed Name of Mother)

PER D 4 2019 MANDAUE CITY

SUBSCRIBED AND SWORN to before me this _____ day of _____ by
_____ and _____, who exhibited to me his/her

CTC/valid ID CC1201701170841 issued on JANUARY 04, 2019 at
MANDAUE CITY, CEBU

DOC NO. 98
PAGE NO. 8
BOOK NO. 77
SERIES OF 2019
Signature of the Administering Officer

JOSE E. TIDOSO
NOTARY PUBLIC - NC # 2018-45
UNTIL DECEMBER 31, 2018
RDT BLDG. 110010 MANDAUE CITY
PTR # 00007167 (Signature)
ISSUED AT MANDAUE CITY
TIN 164-266-525
ROLL NO. 37895

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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BEST POSSIBLE IMAGE

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Documentary
Stamp Tax Paid

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

