

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  
City/Municipality Ginatilan

Registry No. 2002-91

1. NAME (First) (Middle) (Last)  
FATIMA ROSE ALBARAN BIADNES

2. SEX 1 Male 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
21 March 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
San Roque, Ginatilan, Cebu

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 (live births and fetal deaths including this delivery) 2nd  
(first, second, third, etc.)  
d. WEIGHT AT BIRTH 3000 grams

6. MAIDEN NAME (First) (Middle) (Last)  
Rosita Ngilot Albaran

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 Housekeeper 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
San Roque, Ginatilan, Cebu

13. NAME (First) (Middle) (Last)  
Raul Gadelifa Biadnes

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Fisherman 17. Age at the time of this birth: 33 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
October 27, 2001 at Ginatilan Parish Church

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 2:30am o'clock  
am/pm on the date stated above

Signature Arlene P. Magalso Address San Roque, Ginatilan  
Name in Print Arlene P. Magalso City Cebu  
Title or Position Rural Health Midwife Date March 21, 2002

20. INFORMANT  
Signature Rosita Biadnes Address San Roque, Ginatilan  
Name in Print Rosita Biadnes City Cebu  
Relationship to the child Mother Date March 25, 2002

21. PREPARED BY  
Signature Arlene P. Magalso  
Name in Print Arlene P. Magalso  
Position Rural Health Midwife  
Date March 25, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print [Name]  
Title or Position [Title]  
Date April 2, 2002

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	
[ ]	[ ] [ ] [ ] [ ] [ ] [ ]	
66	69	
[ ]	[ ] [ ]	
70	72	74
[ ]	[ ] [ ] [ ]	[ ] [ ] [ ]
76	79	
[ ]	[ ] [ ] [ ]	[ ] [ ] [ ]
81	[ ] [ ] [ ] [ ] [ ] [ ]	
86	87	
[ ]	[ ] [ ]	
88	91	
[ ]	[ ] [ ] [ ]	[ ] [ ] [ ]
93	[ ]	
94	[ ]	

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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, \_\_\_\_\_ and \_\_\_\_\_  
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) \_\_\_\_\_  
Community Tax No. \_\_\_\_\_ (Signature of Mother) \_\_\_\_\_  
Date Issued \_\_\_\_\_ Community Tax No. \_\_\_\_\_  
Place Issued \_\_\_\_\_ Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
(Signature of Administering Officer) \_\_\_\_\_ (Title/Designation) \_\_\_\_\_  
\_\_\_\_\_  
(Name in Print) \_\_\_\_\_ (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 \_\_\_\_\_ who resides at \_\_\_\_\_.
- 3. That I/he/she was attended at birth by \_\_\_\_\_.
- 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) \_\_\_\_\_ (Title/Designation) \_\_\_\_\_  
\_\_\_\_\_  
(Name in Print) \_\_\_\_\_ (Address) \_\_\_\_\_