



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

Province: **MAGUINDANANO** Registry No. **2013-5768**
City/Municipality: **COTABATO CITY**

CHILD

1. NAME (First) (Middle) (Last)
JOHN FRITZGERALD ALBORES TIGLEY

2. SEX (Male / Female) **Male** 3. DATE OF BIRTH (Day) (Month) (Year)
23 December 2001

4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution, House No., St., Barangay) (City/Municipality) (Province)
Regional Hospital, Cotabato City

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **Single** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **n/a** 5c. BIRTH ORDER (Order of the birth or previous births including twinning) (First, Second, Third, etc.) **Third** 6. WEIGHT AT BIRTH **3175** grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
SHIELA BRIGIDA CAMARILLO ALBORES

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 **Housekeeper** 12. AGE at the time of the birth (complete years) **32**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
Notre Dame Village, Cotabato City, Maguindanao, Philippines

FATHER

14. NAME (First) (Middle) (Last)
ERNESTO SABINAY TIGLEY

15. CITIZENSHIP **Filipino** 16. RELIGION/RELIGIOUS SECT **Roman Catholic** 17. OCCUPATION **OFW** 18. AGE at the time of the birth (complete years) **30**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
Notre Dame Village, Cotabato City, Maguindanao, Philippines

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Date: **April 30, 1999** (Month) (Day) (Year) 20a. PLACE (City/Municipality) (Province) (Country)
Cotabato City, Maguindanao, Philippines

21a. ATTENDANT
1. Physician 2. Nurse 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 **dx** on the date of birth specified above.

Signature _____ Address **Regional Hospital, Cotabato City**
Name or Post **Don't Know**
Title or Position **Physician** Date **n/a**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature _____
Name or Post **STEPHANIE A. MOLINA**
Relationship to the Child **Aunt**
Address **Dolores Blvd., City of Tacurong, S. Kudarat**
Date **July 28, 2013**

23. PREPARED BY
Signature _____
Name or Post **IGLESIA C. MADRIGAL**
Title or Position **CCR-City of Tacurong, S. Kudarat**
Date **July 28, 2013**

24. RECEIVED BY
Signature _____
Name or Post **JOEL D. TELIN**
Title or Position **Registration Officer II**
Date **11 AUG 2013**

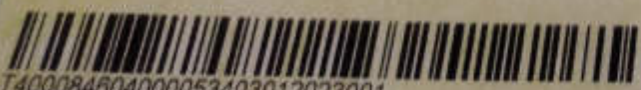
25. RECEIVED BY THE CIVIL REGISTRAR
Signature _____
Name or Post **SUSAN GUANI-DUMAMA**
Title or Position **City Civil Registrar**
Date **11 AUG 2013**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)
**Registered pursuant to Rule 20 of A.O. 1, S. 1993
"Delayed Registration"**

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR



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JQ700441592

BReN
03804-B01YP09-0

Documentary
Stamp Tax Paid

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

