

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

Province CEBU		City/Municipality CEBU CITY		Registry No. 2023 06899		
CHILD	1. NAME (First) MATT GABRIEL		(Middle) BARBERONA		(Last) DEKECHO	
	2. SEX (Male / Female) MALE		3. DATE OF BIRTH (Day) 13		(Month) APRIL (Year) 2023	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution / House No., St., Barangay) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU					
	5a. TYPE OF BIRTH (Single, Twin, Fraternal, etc.) SINGLE		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A		5c. BIRTH ORDER (Count of the birth in proceeding births including fetal deaths) (First, Second, Third, etc.) FIRST	
MOTHER	7. MOTHER NAME (First) ROCHIEL		(Middle) MAHINAY		(Last) BARBERONA	
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC			
	10a. Total number of children born alive 1		10b. No. of children still living including this birth 1		10c. No. of children born alive but are now dead 0	
	11. OCCUPATION NONE		12. AGE at the time of the birth (Completed years) 26			
FATHER	13. RESIDENCE (House No., St., Barangay) COGON PARDO		(City/Municipality) CEBU CITY		(Province) CEBU (Country) PHILIPPINES	
	14. NAME (First) MATEO JR.		(Middle) GONZALES		(Last) DERECHO	
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		17. OCCUPATION CALL CENTER AGENT	
	18. RESIDENCE (House No., St., Barangay) 68 M. DELA CONCEPCION ST., PASIL		(City/Municipality) CEBU 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 NOT MARRIED				
21a. ATTENDANT						
<input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify)						
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)						
Signature 		Address VSMC, CEBU CITY				
Name in Print FRANCES MAB R. TRACES, MD		Date APRIL 13, 2023				
Title or Position MEDICAL OFFICER III						
22. CERTIFICATION OF INFORMANT						
I hereby certify that all information supplied are true and correct to my own knowledge and belief.						
Signature 		Signature 				
Name in Print ROCHIEL M. BARBERONA		Name in Print JEHZEL C. BARDINAS				
Relationship to the Child MOTHER		Title or Position CLERK				
Address CEBU CITY, CEBU		Date APRIL 13, 2023				
Date APRIL 13, 2023						
24. RECEIVED BY						
Signature 		Signature 				
Name in Print LUZ N. CUGAY		Name in Print				
Title or Position Administrative Aide III		Title or Position				
Date APR 25 2023		Date				

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

APR 25 2023

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, MATEO JR. G. DERECHO and MATT GABRIEL B. DERECHO, who was of legal age, am/are the natural mother and/or father of APRIL 13, 2023 at VICENTE SOTTO MEMORIAL MEDICAL CENTER born on _____

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

MATEO JR. G. DERECHO

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me APR 14 2023 of CEBU CITY by _____ and _____, who exhibited to me his/her

CTC/valid ID PRN:H50200143058 P issued on _____ at _____

ATTY. LUKE MAH TIM R. FERNANDEZ

Notary Public Until 31 December 2023

Notarial Commission No. 108-17

IBP No. 239602 CY-2023 Cebu City

PTR No. 2023-05-06-20 Cebu City Officer

Roll No. 67452 Page # 471 Book XXVIII

MCLE Compliance No. VII-0003470-1 until April 14, 2025

9-D Jakosalem St., Cebu City, 6000

Position / Title / Designation, 42

Page No. 10

Address Book No. 13

Series of 20 23

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.)

_____, 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 _____, 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 _____

Position / Title / Designation

Signature of the Administering Officer

Address