



OFFICE OF THE REGISTRAR

CERTIFICATION

This is to certify that **MS. ALONA D. BAUTISTA** is a bona fide student of AMA Computer Learning Center – Guadalupe Branch for the 3rd Trimester S.Y. 2004-2005 under the program in Software Development.

This certification is being issued upon the request of MS. BAUTISTA for employment purposes.

Issued this 14th day of November, 2023.

Prepared by:

Kristyne B. Castillo
School Registrar


 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 <u>CEBU</u>		Registry No. 2022-1185																							
City/Municipality <u>BALAMBAN</u>																									
CHILD	1. NAME (First) (Middle) (Last) <u>MARSHALL DECENA BAUTISTA</u>																								
	2. SEX (Male / Female) <u>MALE</u>	3. DATE OF BIRTH (Day) (Month) (Year) <u>18 MAY 2022</u>																							
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution / House No., St., Barangay) (City/Municipality) (Province) <u>CEBU PROVINCIAL HOSPITAL - BALAMBAN BALAMBAN CEBU</u>																								
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>	5c. BIRTH ORDER (Order of the live or consecutive births including stillbirth) (First, Second, Third, etc.) <u>FIFTH</u>	6. WEIGHT AT BIRTH <u>3600</u> grams																					
MOTHER	7. MOTHER NAME (First) (Middle) (Last) <u>ALONA SERRANO DECENA</u>																								
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT. <u>ROMAN CATHOLIC</u>																						
	10a. Total number of children born alive <u>05</u>	10b. No. of children still living including this birth <u>05</u>	10c. No. of children born alive but are now dead <u>00</u>	11. OCCUPATION <u>HOUSEKEEPER, OWN HOME</u>																					
	12. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>LOWER MOHON TALISAY CITY CEBU PHILIPPINES</u>		12. AGE at the time of this birth (completed years) <u>41</u>																						
FATHER	14. NAME (First) (Middle) (Last) <u>JEREMEIAS RAMIREZ BAUTISTA</u>																								
	15. CITIZENSHIP <u>FILIPINO</u>		16. RELIGION/RELIGIOUS SECT. <u>ROMAN CATHOLIC</u>																						
	17. OCCUPATION <u>SEAMAN</u>		18. AGE at the time of this birth (completed years) <u>50</u>																						
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>LOWER MOHON TALISAY CITY CEBU PHILIPPINES</u>																								
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)																									
20a. DATE (Month) (Day) (Year) <u>DECEMBER 12, 2000</u>		20b. PLACE (City / Municipality) (Province) (Country) <u>TALISAY CITY CEBU PHILIPPINES</u>																							
21a. ATTENDANT <u>X 1 Physician X 2 Nurse X 3 Midwife ___ 4 Heil (Traditional Birth Attendant) ___ 5 Others (Specify) _____</u>																									
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Heil, etc.) I hereby certify that I attended the birth of the child who was born alive at <u>02:12 PM</u> on the date of birth specified above.																									
Signature _____ Name in Print <u>SHERYL FUNO-KHO, M.D.</u> Title or Position <u>MEDICAL SPECIALIST I</u>		Address <u>CEBU PROVINCIAL HOSPITAL - BALAMBAN, CEBU</u> Date <u>MAY 20, 2022</u>																							
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 <u>ALONA D. BAUTISTA</u> Relationship to the Child <u>MOTHER</u> Address <u>LOWER MOHON, TALISAY CITY, CEBU</u> Date <u>MAY 20, 2022</u>		Signature _____ Name in Print <u>MARIA JAYETTE YU SOTES</u> Title or Position <u>MEDICAL RECORDS CLERK</u> Date <u>MAY 20, 2022</u>																							
24. RECEIVED BY		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR																							
Signature _____ Name in Print <u>CARMENCITA C. JULIANE</u> Title or Position <u>Administrative Aide I</u> Date <u>June 1, 2022</u>		Signature _____ Name in Print <u>CERES MELODINA O. LOZANO</u> Title or Position <u>Municipal Civil Registrar</u> Date <u>June 1, 2022</u>																							
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)																									
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR																									
<table border="1"> <tr> <td>8</td><td>9</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				8	9	11	12	13	14	15	16	17	18	19											
8	9	11	12	13	14	15	16	17	18	19															

08311-7H-400ARM-00937-BI002

BEST POSSIBLE IMAGE



T400083114000093710032022002

AQ800139214

BReN

02208-B22JJ02-1

Documentary
Stamp Tax Paid

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




(Copy for DCRG)

Official Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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, 6b and 19a.)

Province CEBU City/Municipality MANDAUE CITY Registry No. 2007-3974

1. NAME (First) (Middle) (Last) KIMI DECEÑA BAUTISTA 2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year) 22 JUNE 2007

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) SEAMEN'S HOSPITAL, UMAPAD, MANDAUE CITY, 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) FIFTH (first, second, third, etc.) d. WEIGHT AT BIRTH 3100 grams

6. MAIDEN NAME (First) (Middle) (Last) ALONA SERRANO DECEÑA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 4 b. No. of children still living including this birth: 4 c. No. of children 1/fetal born alive but are now dead: death

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 26 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) LOWER MUHON, TALISAY CITY, CEBU

13. NAME (First) (Middle) (Last) JEREMIAS RAMIREZ BAUTISTA

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION SEAFARER/A.B. 17. Age at the time of this birth: 35 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) DECEMBER 12, 2000 TALISAY CITY, CEBU

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Healer (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 08:05 A.M. o'clock am/pm on the date stated above.

Signature RA. DOLORES B. PEREZ, M.D. Address SEAMEN'S HOSPITAL UMAPAD, MANDAUE CITY Title or Position OB/GYNE Date JUNE 22, 2007

20. INFORMANT Signature ALONA D. BAUTISTA Address LOWER MUHON, TALISAY CITY, CEBU Name in Print ALONA D. BAUTISTA Relationship to the child MOTHER Date JUNE 22, 2007

21. PREPARED BY Signature EDMAN D. TOLENTINO Name in Print EDMAN D. TOLENTINO Title or Position RECORD SUPERVISOR Date JUNE 22, 2007 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature AVIANA C. BASILIO Name in Print AVIANA C. BASILIO Title or Position City Civil Registrar Date JUN 27 2007

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

Grid for recording data: 41, 48, 49, 50, 56, 61, 62, 64, 68, 69, 70, 72, 74, 76, 78, 79, 81, 86, 87, 88, 89, 91, 92, 94

07802-CC-991R1R-03896-BI003

BReN

02230-B07MN01-4

CDSM

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

Documentary Stamp Tax Paid



T080078029910389605122021003

Z0000199956

