



Municipal Form No. 102
(Revised January 2007)

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

Province **CEBU** Registry No. **2017-1350**
 City/Municipality **TALISAY CITY**

CHILD

1. NAME (First) **SUNSHINE MONICA** (Middle) **ABELLA** (Last) **MERCADO**
 2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **1** (Month) **MARCH** (Year) **2016**
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No. or Barangay) (City/Municipality) (Province)
TALISAY DISTRICT HOSPITAL, SAN ISIDRO, TALISAY CITY, CEBU
 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, in including the twins or triplet, etc.) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **2,300** grams

MOTHER

7. MAIDEN NAME (First) **RHYZA REN** (Middle) **ABELLA** (Last)
 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
 11. OCCUPATION

SS NUMBER

06-3728023-5

**SOCIAL SECURITY SYSTEM
PERSONAL RECORD**
(Please Use Black Ink Only)
(Gumamit ng Itim na Tinta Lamang)



E-1
(Rev. 08/94)

SURNAME (APELYIDO)

ABELLA

GIVEN NAME (PANGALAN)

RHYZA REN

MIDDLE NAME (GITNANG PANGALAN)

ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) (TIRAHAN: BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN)

F. JACA ST. INAYAWAN CEBU CITY

POSTAL CODE

61010

SEX (KASARIAN)

MALE (LALAKI)

FEMALE (BABAE)

DATE OF BIRTH (KAPANGANAKAN)

1 10 12 16 19 17

CIVIL STATUS (KATAYUANG SIBIL)

SINGLE (WALANG ASAWA)

MARRIED (MAY ASAWA)

WIDOWED (BALO)

BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA)

FATHER (AMA)

CHILDREN (MGA ANAK)

DATE OF BIRTH (KAPANGANAKAN)

MOTHER (INA)

ABELLA J. RONA MAE JACA

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT)
(IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)

SOCIAL SECURITY SYSTEM RELATIONSHIP
NAME (PANGALAN) (RELASYON)
OFFICE (LALAWIGAN/CITY)

AUG 12 2015

JAY T. MARTINEZ

RECEIVED COPY FROM ORIGINAL

THUMBMARK



LEFT (KALIWA)



RIGHT (KANAN)

I hereby certify that the above information are true and correct.
(Ako ay nagpapatunay na ang aking mga isinaad ay totoo at tama.)

Abella

Signature (Lagda)

PLEASE READ REMINDERS AT THE BACK (BASAHIN ANG PAALALA SA LIKOD)

02250-B16F10A-5

CLAIRE DENNIS S. MAPA, Ph. D.