



Municipal Form No. 102 (Revised January 2007) Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

STATISTICS OFFICE
MAY 9-5-14
16151114

Province CEBU Registry No. CEBISTBY DIVISION
City/Municipality CEBU CITY 2006 13024

CHILD
1. NAME (First) SHANNYL ANN (Middle) SURBAN (Last) MALO
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 8 (Month) MAY (Year) 2006
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) TALAMBAN LYING-IN CLINIC (City/Municipality) CEBU CITY (Province) CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) FIRST 5c. BIRTH ORDER (Order of this birth or previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2,700 grams

MOTHER
7. MAIDEN NAME (First) ANNALEE (Middle) BORRES (Last) SURBAN
8. CITIZENSHIP PHILIPINO 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 HOUSEWIFE 12. AGE at the time of this birth (completed years) 30
13. RESIDENCE (House No., St., Barangay) HILLSIDE TALAMBAN (City/Municipality) CEBU CITY (Province) CEBU (Country) PHILIPPINES

FATHER
14. NAME (First) ROBERT (Middle) WAYNE (Last) MALO
15. CITIZENSHIP AMERICAN 16. RELIGION/RELIGIOUS SECT CATHOLIC 17. OCCUPATION RETIRED U.S. NAVY PERSONNEL 18. AGE at the time of this birth (completed years) 59
19. RESIDENCE (House No., St., Barangay) HILLSIDE TALAMBAN (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) MARCH (Day) 18 (Year) 2009 20b. PLACE (City / Municipality) BANILAD CHRISTIAN FELLOWSHIP CHURCH, MANDAUE CITY, (Province) CEBU (Country) CEBU
21a. ATTENDANT
1 Physician 2 Nurse XX 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 5:05 am am/pm on the date of birth specified above.

Signature SGD Address TALAMBAN, CEBU CITY
Name in Print NILDA ANABIEZA
Title or Position PHM Date MAY 9, 2006

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature SGD
Name in Print ANNALEE SURBAN-MALO
Relationship to the Child MOTHER
Address HILLSIDE TALAMBAN, CEBU CITY
Date MAY 9, 2006
23. PREPARED BY
Signature SGD
Name in Print AIDA B. KAPUNO
Title or Position PHM
Date MAY 9, 2006

24. RECEIVED BY
Signature SGD DATE VERIFIED: 09062014
Name in Print OSCAR B. MOLO
Title or Position REGISTRATION OFFICER TWD BY: [Signature]
Date MAY 18, 2006
25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print _____
Title or Position _____
Date _____

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) **CERTIFIED TRUE COPY**
JASON M. BONGCALAN
REGISTRATION OFFICER



TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
8 9 10 11 12 13 14 15 16 17 18 19

08265-F5-991KGP-01969-BI001

BEST POSSIBLE IMAGE



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BReN
02217-B06K81G-3

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

