

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, 1b, and 18a.

FOR LOCAL CIVIL REGISTRAR

[Signature]
OSCAR B. MOLO
REGISTRATION OFFICER IV

Province CEBU Registry No. 98-5262
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
ANGELITO EBOLANA CABUNILAS

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
23 FEBRUARY 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU
House No., Street, Barangay

5a. TYPE OF BIRTH 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) (first, second, third, etc.) FIRST

d. WEIGHT AT BIRTH 3,500 grams

6. MAIDEN NAME (First) (Middle) (Last)
JOVITA TEPACIRA EBOLANA

7. CITIZENSHIP FILIPINO B. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

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

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
405-A SITIO STO. NIÑO, LANUG, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
ALBERTO BACARHO CABUNILAS

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION TECHNICIAN 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
OCTOBER 18, 1997 NAGA, CEBU

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Hilot (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 4:55 P.M. o'clock
am/pm on the date stated above.

Signature *[Signature]*
Name in Print OPHELIA BORBON, M.D.
Title or Position PHYSICIAN

Address CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY
Date FEBRUARY 23, 1998

20. INFORMANT
Signature *[Signature]*
Name in Print JOVITA CABUNILAS
Relationship to the child MOTHER

Address 405-A SITIO STO. NIÑO, LANUG, CEBU CITY
Date FEBRUARY 23, 1998

21. PREPARED BY
Signature *[Signature]*
Name in Print JOCELYN B. ITONG
Title or Position CLERK
Date FEBRUARY 23, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature *[Signature]*
Name in Print LOUELLA N. DEJITO
Title or Position REGISTRATION OFFICER
Date 2/23/98

For CDRG USE ONLY:
Population Reference No.

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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