

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. **2011 29850**
City/Municipality CEBU CITY

CHILD

1. NAME (First) ZURIEL KLEIN (Middle) GABISAY (Last) ALMENDRAS
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) 20 (Month) OCTOBER (Year) 2011
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU (City/Municipality) (Province)
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) 5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 3160 grams

MOTHER

7. MAIDEN NAME (First) MARIENELL (Middle) BASTATAS (Last) GABISAY
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT 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 HR OFFICER 12. AGE at the time of this birth (completed years) 26
13. RESIDENCE (House No., St., Barangay) JUANA OSMEÑA EXT, PUROK 8, BRGY. CAMPUTHAW, CEBU CITY, CEBU, PHILIPPINES (City/Municipality) (Province) (Country)

FATHER

14. NAME (First) JUNEL (Middle) ABANID (Last) ALMENDRAS
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT CATHOLIC 17. OCCUPATION CALL CENTER AGENT 18. AGE at the time of this birth (completed years) 23
19. RESIDENCE (House No., St., Barangay) JUANA OSMEÑA EXT., PUROK 8, BRGY. CAMPUTHAW, CEBU CITY, CEBU, PHILIPPINES (City/Municipality) (Province) (Country)

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 (City / Municipality) (Province) (Country) N.A.

21a. ATTENDANT
 1 Physician 2 Nurse 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 6:16 AM am/pm on the date of birth specified above.

Signature _____ Address C/O PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU
Name in Print CARMENCITA FERNAN, M.D.
Title or Position ATTENDING PHYSICIAN Date OCTOBER 22, 2011

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief
Signature _____
Name in Print MARIENELL B. GABISAY
Relationship to the Child MOTHER
Address BRGY. CAMPUTHAW, CEBU CITY, CEBU
Date OCTOBER 22, 2011

23. PREPARED BY
Signature _____
Name in Print NELISA A. LIBOSADA
Title or Position MEDICAL RECORD CLERK
Date OCTOBER 22, 2011

24. RECEIVED BY
Signature _____
Name in Print RIDOLITO P. YBAÑEZ
Title or Position ADMINISTRATIVE AIDE I
Date NOV 04 2011

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print OSCAR B. MOLO
Title or Position ASSISTANT CITY CIVIL REGISTRAR
Date NOV 04 2011

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, JUNEL A. ALMENDRAS and MARIENELL B. GABISAY

of legal age, am/are the natural mother and/or father of ZURIEL KLEIN G. ALMENDRAS, who was born on OCTOBER 20, 2011 at PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU

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

JUNEL A. ALMENDRAS

MARIENELL B. GABISAY

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

OCT 24 2011

SUBSCRIBED AND SWORN to before me this _____ day of _____ by _____

and _____

who exhibited to me (his/her)

Community Tax Cert. No. 37449811 issued on 10/24/11 at _____

CEBU CITY

DOC. No. 110

PAGE No. 12

BOOK No. 23

SERIES OF 24

Signature of the Administering Officer

ATTY LYNDON B. J. BASAN
NOTARY PUBLIC since DEC 31 2012
PROVINCE OF CEBU - CEBU CITY
ROLL No. 38213/MAY 12, 1993
BP No. 42398 (CEBU) / 11-24-10
NOT. COLL. NO. 0050/CEBU CITY
CITY HALL, CEBU CITY

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.)

I, _____, 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 _____ at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____

Philippines, affiant who exhibited to me his Community Tax Cert.

issued on _____ at _____