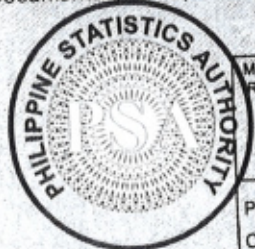


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Municipal Form No. 102  
Revised January 2007

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

(accomplished in quadruplicate using black ink)

Province	CEBU	Registry No.	2016 14148
City/Municipality	CEBU CITY	(Last)	

CHILD	1. NAME (First) (Middle) (Last)	KIETHRESE MAY GELBOLINGO		
	2. SEX (Male / Female)	3. DATE OF BIRTH (Day) (Month) (Year)	FEMALE 11 MAY 2016	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay)	VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)	SINGLE N/A 2ND 2,760 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last)	KIMBERLY DEGAMO GELBOLINGO		
	8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT	FILIPINO ROMAN CATHOLIC	
	10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION
	2	2	0	NONE (Country) 20
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)				
513 PUNTOD, ALASKA, MAMBALING CEBU CITY CEBU PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last)	UNKNOWN		
	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)
	N/A	N/A	N/A	N/A
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)			
N/A				

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year)	20b. PLACE (City / Municipality) (Province) (Country)
N/A	N/A

21a. ATTENDANT

1 Physician  2 Nurse  3 Midwife  4 Pilot (Traditional Birth Attendant)  5 Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Pilot, etc.)  
I hereby certify that I attended the birth of the child who was born alive at 10:14 PM am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address VSMCC, CEBU CITY, CEBU

Name in Print JAY NATH SAH, MD

Title or Position MEDICAL OFFICER III

Date MAY 11, 2016

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 KIMBERLY D. GELBOLINGO

Relationship to the Child MOTHER

Address CEBU CITY, CEBU

Date MAY 11, 2016

23. PREPARED BY

Signature \_\_\_\_\_

Name in Print SHEIBA ALBANGO

Title or Position CLERK

Date MAY 11, 2016

25. REGISTERED BY THE CIVIL REGISTRAR

Signature \_\_\_\_\_

Name in Print HENRY P. TOMALABCAD

Title or Position ASST. CITY CIVIL REGISTRAR

Date 06 JUN 2016

24. RECEIVED BY

Signature \_\_\_\_\_

Name in Print LUZ N. CUGAY

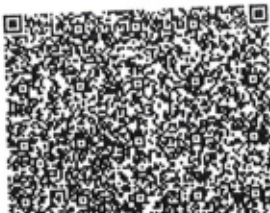
Title or Position ADMINISTRATIVE AIDE III

Date 06 JUN 2016

REMARKS/ANNOTATIONS (For LERO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE

*CSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General