

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province	CEBU	Registry No.	2013 26155
City/Municipality	CEBU CITY		

CHILD	1. NAME (First) (Middle) (Last) ZEUS CALEB TORRES PARAISSO		
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 21 AUGUST 2013	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of live birth to previous live births including fetal death) (First, Second, Third, etc.) 1ST

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) GERALDINE LANIT TORRES			
	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 0	11. OCCUPATION NONE
	12. AGE at the time of this birth (completed years) 29		13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) OCAÑA CARCAR CEBU PHILIPPINES	

FATHER	14. NAME (First) (Middle) (Last) ALVIN OMAR GENEGOBIS PARAISSO		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION SELF-EMPLOYED
	18. AGE at the time of this birth (completed years) 26		19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) OCAÑA CARCAR CEBU PHILIPPINES

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
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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, etc.)

I hereby certify that I attended the birth of the child who was born alive at **3:07 PM** am/pm on the date of birth specified above.

Signature	CHRISTINE ROSE NONAN, M.D.	Address	VSMMC, CEBU CITY
Name in Print	MEDICAL OFFICER III	Date	AUGUST 21, 2013

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature	<i>[Signature]</i>
Name in Print	GERALDINE L. TORRES
Relationship to the Child	MOTHER
Address	CARCAR, CEBU
Date	AUGUST 21, 2013

23. PREPARED BY

Signature	<i>[Signature]</i>
Name in Print	SHERRYL P. ABELLANOSA
Title or Position	CLERK
Date	AUGUST 21, 2013

24. RECEIVED BY

Signature	<i>[Signature]</i>
Name in Print	LUZ N. CUGA
Title or Position	Administrative Aide III
Date	SEP 10 2013

25. REGISTERED BY THE CIVIL REGISTRAR

Signature	<i>[Signature]</i>
Name in Print	OSCAR B. MOLO
Title or Position	ASSISTANT CITY CIVIL REGISTRAR
Date	SEP 10 2013

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, ALVIN OMAR G. PARAISO and _____
of legal age, am/are the natural mother and/or father of ZEUS CALEB T. PARAISO who was
born on AUGUST 21, 2013 at VICENTE SOTTO-MEMORIAL MEDICAL-CENTER

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

ALVIN OMAR G. PARAISO
(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this 23RD day of AUGUST, 2013 by
_____ and _____ who exhibited to me (his/her)
Community Tax Cert. No. 17328548 issued on AUGUST 23, 2013 at
CARCAR CITY, CEBU

ANTONIO V. ELESTERIO
PROSECUTOR I
BOYL. PROSECUTOR OFFICER
CEBU CITY

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

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 _____
_____, Philippines, affiant who exhibited to me his Community Tax Ce
issued on _____ at _____