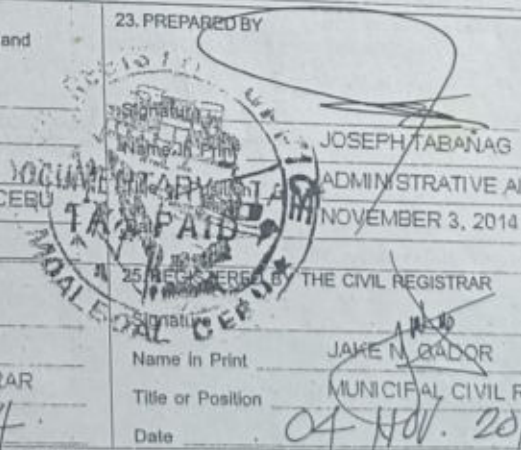


Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province CEBU		City/Municipality MOALBOAL		Registry No. 2014-405	
CHILD	1. NAME (First) MARC ARION	(Middle) ALQUISOLA	(Last) PAGALAN		
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 17 (Month) OCTOBER (Year) 2014			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) MOALBOAL BIRTH CENTER POB. EAST	(City/Municipality) MOALBOAL	(Province) CEBU		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2900 grams	
MOTHER	7. MAIDEN NAME (First) NOELYN	(Middle) BANGKA	(Last) ALQUISOLA		
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC			
	10a. Total number of children born alive 01	10b. No. of children still living including this birth 01	10c. No. of children born alive but are now dead 0	11. OCCUPATION MANICURIST/PEDICURIST	12. AGE at the time of this birth (completed years) 20
	13. RESIDENCE (House No., St., Barangay) POBLACION EAST	(City/Municipality) MOALBOAL	(Province) CEBU	(Country) PHILIPPINES	
FATHER	14. NAME (First) OBRIEN JAKE	(Middle) DELGADO	(Last) PAGALAN		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION LABORER	18. AGE at the time of this birth (completed years) 21	
	19. RESIDENCE (House No., St., Barangay) POBLACION EAST	(City/Municipality) MOALBOAL	(Province) CEBU	(Country) 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) NOT APPLICABLE		
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 07:10 AM on the date of birth specified above.					
Signature ALEJANDRA P. HERNANDEZ		Address POBLACION WEST, MOALBOAL, CEBU			
Name in Print RHM		Date NOVEMBER 3, 2014			
Title or Position		Date			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.			23. PREPARED BY		
Signature NOELYN B. ALQUISOLA			Signature JOSEPH TABAÑAG		
Name in Print NOELYN B. ALQUISOLA			Name in Print JOSEPH TABAÑAG		
Relationship to the Child MOTHER			Administrative Aide 1		
Address POBLACION EAST, MOALBOAL, CEBU			NOVEMBER 3, 2014		
Date NOVEMBER 3, 2014					
24. RECEIVED BY			25. RECEIVED BY THE CIVIL REGISTRAR		
Signature JAKE M. GADOR			Signature JAKE M. GADOR		
Name in Print MUNICIPAL CIVIL REGISTRAR			Name in Print MUNICIPAL CIVIL REGISTRAR		
Title or Position			Title or Position		
Date 04 NOV. 2014			Date 04 NOV. 2014		



REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

8 9 11 13 15 16 17 19
0 1 0 8 5 1 5 6 0 8 0 2 2 3 3 0 1 0 8 8 2 3 6 0 8 0 2 2 3 3