

Excise Stamp Tax Paid



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Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR
CERTIFICATE OF LIVE BIRTH
(It is not complete, accurate and legal, unless the information is correct in every particular)

REMARKS/ANNOTATION

Province Cebu City/Municipality CARLOS OCHOA Registrar 20045457

1. NAME (Last, First, Middle) EMELIE BELANDO ARCEBO

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day, month, year) 23 JANUARY 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Pharmacy/ House No., Street, Barangay) VICTORIANO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

6. MAIDEN NAME (Last, First, Middle) BELANDO ARCEBO

7. CITIZENSHIP PHILIPPINO

8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 1

9b. No. of children still living including this birth: 1

9c. No. of children born alive but are now dead: 0

10. OCCUPATION None

11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) None

13. NAME (Last, First, Middle) LABARON CEBU CITY, CEBU

14. CITIZENSHIP None

15. RELIGION N.A.

16. OCCUPATION N.A.

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Administration of Paternity at the back) N.A.

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Mid (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 CARLOS OCHOA on 23 JANUARY 2004)

Signature [Signature] Address YONGC

Name in Print JANINE GARCIA M. DE Date JANUARY 23, 2004

Title or Position MEDICAL OFFICER III

20. INFORMANT (Name, Address, Date)

Signature [Signature] Address LABARON, CEBU CITY, CEBU

Name in Print TRIFE B. ARCEBO Date JANUARY 23, 2004

Relationship to the child MOTHER

21. PREPARED BY

Signature [Signature] Name in Print EMELIE BELANDO ARCEBO

Title or Position REGISTRAR II

Date JANUARY 23, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature [Signature] Name in Print JANINE GARCIA M. DE

Title or Position REGISTRAR Date JANUARY 23, 2004

REMARKS: INFORMATION GIVEN ADDED FROM SUPPLEMENTAL REPORT
CHILD'S FIRST NAME: " JHON JOEL "
CERTIFIED CORRECT

EMELIE C. DASMARINAS
Administrative Assistant II



CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

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