



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

Province CEBU CITY Region 25704

1. NAME (First) (Middle) (Last)
KRYSLEEN CABIGATAN EBONNA

2. SEX 1 Male 2 Female
3. DATE OF BIRTH 24 (day) SEPTEMBER (month) 2000 (year)

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
PERPETUAL SUCCOUR HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH 1 Single 2 Twin
 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) THIRD (first, second, third, etc.)
d. WEIGHT AT BIRTH 2960 grams

6. MAIDEN NAME (First) (Middle) (Last)
EMMA RAVAL CABIGATAN

7. CITIZENSHIP FILIPINO 8. RELIGION CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION TEACHER 11. Age at the time of this birth: 35 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SINSIN, CEBU CITY

13. NAME (First) (Middle) (Last)
ALLAN YLAYA EBORRA

14. CITIZENSHIP FILIPINO 15. RELIGION CATHOLIC

16. OCCUPATION DRIVER 17. Age at the time of this birth: 37 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
APRIL 17, 1988 - PARDO, CEBU CITY

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Healer (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 6:19 pm o'clock am/pm on the date stated above.

Signature Dr. Li-libre Lagana Address c/o PERPETUAL SUCCOUR HOSPITAL, CEBU CITY
Name in Print BIROLITA LEBRIDO, D. Date SEPTEMBER 25, 2000
Title or Position ATTENDING PHYSICIAN

20. INFORMANT
Signature [Signature] Address SINSIN, CEBU CITY
Name in Print ALLAN EBORRA Date SEPTEMBER 25, 2000
Relationship to the child FATHER

21. PREPARED BY
Signature [Signature] Name in Print RELISA A. LIBONADA
Title or Position MEDICAL RECORD CLERK Date SEPTEMBER 25, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature AGNES OJENAR Name in Print AGNES OJENAR
Title or Position CLERK Date SEP 25 2000

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 2117-0002004-1

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



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BReN
02217-B00TQ0G-9

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

