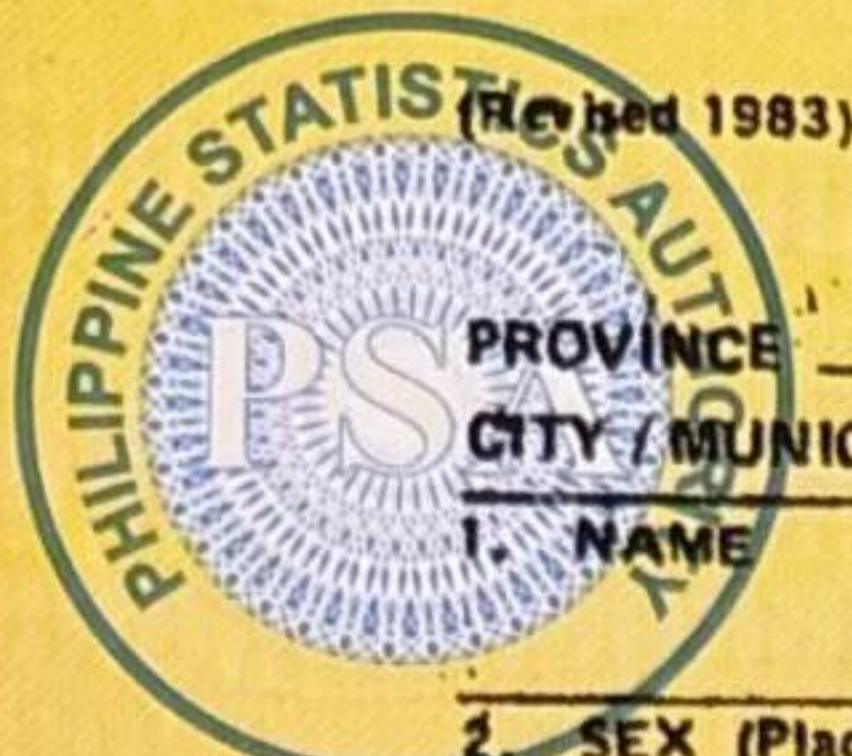


002217-A01VA0Y-8

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in in or typewriter)



PROVINCE CEBU LOCAL CIVIL REGISTRY NO. 91-864
CITY/MUNICIPALITY CEBU CITY

1. NAME (First) RAISSA ALEXANDRA (Middle) BALDO (Last) ONG OH

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female X 2 Female DATE OF BIRTH (Day) 10 (Month) OCTOBER (Year) 1991

4. PLACE OF BIRTH (Name of hospital/institution; If not in hospital, give street/Barangay) PERPETUAL SUCCOUR HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

5a. TYPE OF BIRTH (Place 'X' an appropriate answer) X 1 Single 2 Twin 3 Three or more 5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) ARLENE (Middle) CABASAGAN (Last) BALDO 7. NATIONALITY FILIPINO 8. RELIGION ROMAN CATHOLIC

9. NAME (First) JOSE (Middle) ALMENDRA (Last) ONG OH 10. NATIONALITY FILIPINO 11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back) Date JUNE 28, 1991 Place CEBU CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at 2:23 P.M. 6 clock a.m./p.m on the date stated above. Address SANCIANGKO ST., CEBU CITY

Signature ERLINDA MERCADO, M.D. Address OCTOBER 19, 1991
Name in print ATTENDING PHYSICIAN Date

14. INFORMANT Signature MRS. ARLENE B. ONG OH Address 55-C SAN JOSE EXT., CEBU CITY
Name in print MOTHER Date OCTOBER 19, 1991
Relationship to child

15a. PREPARED BY Signature MRS. LOLITA Q. GARCIA b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Name in print MEDICAL RECORD IN CHARGE Signature NIDA A. NUNEZ
Title or position Date OCTOBER 19, 1991 Title or position CLERK III
Date DATE RECEIVED 9/10/91

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled cut at the Office of the Local Civil Registrar)

PROVINCE CEBU Local Civil Registry 911808167 Registration Status 15
CITY/MUNICIPALITY CEBU CITY

17. Weight of Birth (In grams) 3,147 kgm. 16 18. Birth Order of Child Ex. first, second, etc. Third 20

19a. Total Number of Children Born Alive 3 22 b. How many children are now living including this birth? 3 24 c. How many children were born alive but are now dead? None 0 28

20. Usual Occupation Gov't. Employee 26 21. Age at the time of this Birth 33 31

22. Usual Residence Barangay 55-C San Jose Ext., Cebu City (City/Municipality) Cebu City (Province) 24/78 33

23. Usual Occupation Gov't. Employee 39 24. Age at the time of this Birth 31 41

25. Attendant of Birth (Place 'X' on appropriate answer) X 1 Physician 2 Nurse 3 Midwife 4 Hilot 5 Others 43

Sex 2 44 Date of Birth 10/10/91 45 Place of Birth 24/78 51 Mother's Nationality 56 Father's Nationality 57

NAME OF CHILD First RAISSA ALEXANDRA M.I. BALDO Last ONG OH 60 70 71

RESERVE FOR BINDING

2700



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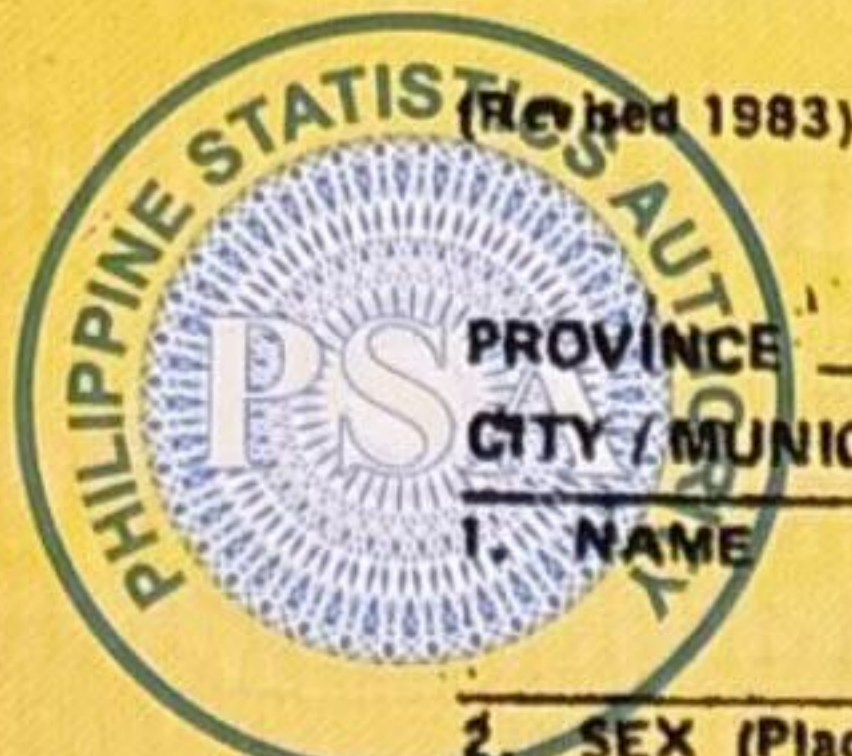
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

002217-A01VA0Y-8

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in in or typewriter)



PROVINCE CEBU LOCAL CIVIL REGISTRY NO. 91-864
CITY/MUNICIPALITY CEBU CITY

1. NAME (First) RAISSA ALEXANDRA (Middle) BALDO (Last) ONG OH

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female X 2 Female DATE OF BIRTH (Day) 10 (Month) OCTOBER (Year) 1991

4. PLACE OF BIRTH (Name of hospital/institution; If not in hospital, give street/Barangay) PERPETUAL SUCCOUR HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

5a. TYPE OF BIRTH (Place 'X' an appropriate answer) X 1 Single 2 Twin 3 Three or more 5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) ARLENE (Middle) CABASAGAN (Last) BALDO 7. NATIONALITY FILIPINO 8. RELIGION ROMAN CATHOLIC

9. NAME (First) JOSE (Middle) ALMENDRA (Last) ONG OH 10. NATIONALITY FILIPINO 11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back) Date JUNE 28, 1991 Place CEBU CITY

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Signature ERLINDA MERCADO, M.D. Address OCTOBER 19, 1991
Name in print ATTENDING PHYSICIAN Date

14. INFORMANT Signature MRS. ARLENE B. ONG OH Address 55-C SAN JOSE EXT., CEBU CITY
Name in print MOTHER Date OCTOBER 19, 1991
Relationship to child

15a. PREPARED BY Signature MRS. LOLITA Q. GARCIA b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Name in print MEDICAL RECORD IN CHARGE Signature NIDA A. NUNEZ
Title or position Date OCTOBER 19, 1991 Title or position CLERK III
Date DATE REC'D 9/10/91

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled cut at the Office of the Local Civil Registrar)

PROVINCE CEBU Local Civil Registry 911808167 Registration Status 15
CITY/MUNICIPALITY CEBU CITY 8

17. Weight of Birth (In grams) 3.147 kg 16 18. Birth Order of Child Ex. first, second, etc. Third 20

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23. Usual Occupation Gov't. Employee 39 24. Age at the time of this Birth 31 41

25. Attendant of Birth (Place 'X' on appropriate answer) X 1 Physician 2 Nurse 3 Midwife 4 Hilot 5 Others 43

Sex 2 44 Date of Birth 10/10/91 45 Place of Birth 22/78 51 Mother's Nationality 56 Father's Nationality 57
NAME OF CHILD First M.I. Last
Raissa Alexandra Baldo Ong Oh
60 70 71

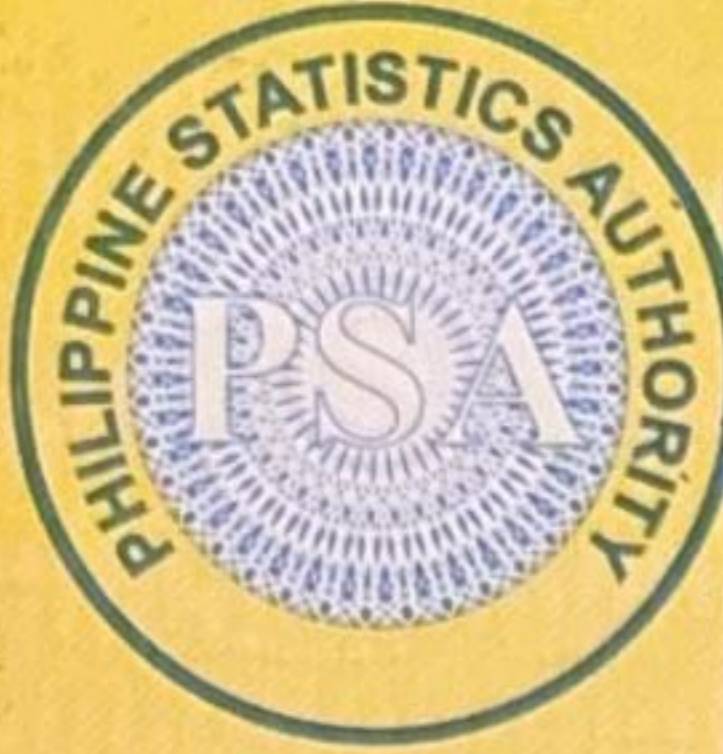
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





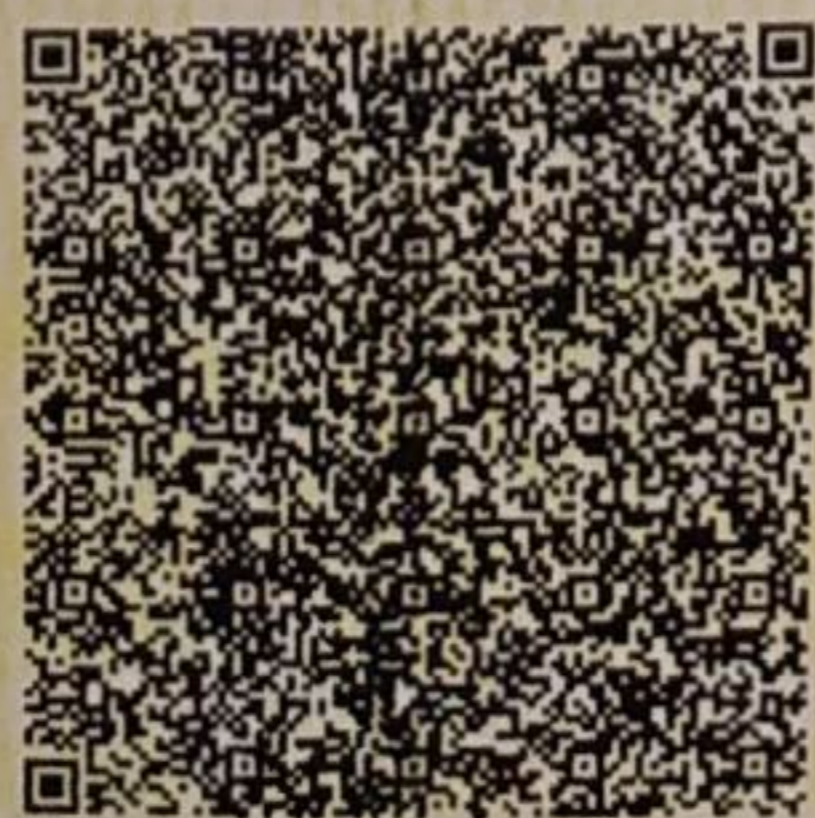
Municipal Form No. 102
(Revised August 2016) (Completed in quadruplicate using black ink)

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

Province CEBU		Registry No. 2019 04387	
City/Municipality CEBU CITY			
1. NAME (First) (Middle) (Last) KEIKO DOMINIQUE ONG OH			
2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 08 February 2019		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 3400 grams
7. MAIDEN NAME (First) (Middle) (Last) RAISSA ALEXANDRA BALDO ONG OH			
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
10a. Total number of children born alive ONE	10b. No. of children still living including this birth ONE	10c. No. of children born alive but are now dead NONE	11. OCCUPATION SELF - EMPLOYED
12. AGE at the time of this birth (completed years) 27			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 55-C RAHMANN EXT. BRGY. CAMPUTHAW, CEBU CITY, CEBU, PHILIPPINES			
14. NAME (First) (Middle) (Last) UNKNOWN			
15. CITIZENSHIP n/a		16. RELIGION/RELIGIOUS SECT n/a	
17. OCCUPATION n/a		18. AGE at the time of this birth (completed years) 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) N/A		20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE	
21a. ATTENDANT XX 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 07:41 AM am/pm on the date of birth specified above.			
Signature _____ Name in Print BALANSAG, RUCHEE UY, M.D. Title or Position ATTENDING PHYSICIAN		Address C/O CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU Date February 11, 2019	
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 RAISSA ALEXANDRA B. ONG OH Relationship to the Child MOTHER Address 55-C RAHMANN EXT. BRGY. CAMPUTHAW, CEBU CITY, CEBU. Date February 11, 2019		23. PREPARED BY Signature _____ Name in Print ESGER OBCIAL HERNAEZ Title or Position MEDICAL RECORDS CLERK Date February 11, 2019	
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position Administrative Aide III Date FEB 19 2019		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print PHILIPP A. MEGABON Title or Position REGISTRATION OFFICER IV Date FEB 19 2019	
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

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

