

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2016 25368
City/Municipality CEBU CITY	

CHILD	1. NAME (First) (Middle) (Last) URIEL MARY CAROLINE VILLARIASA ABELLANOSA			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 13 SEPTEMBER 2016		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) SACRED HEART HOSPITAL URGELLO ST., 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 3000 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) MARRIEL LIGUTOM VILLARIASA			
	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 CALL CENTER AGENT
	12. AGE at the time of this birth (completed years) 21			
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) ZONE 3, BIASONG TALISAY CITY, CEBU PHILIPPINES			

FATHER	14. NAME (First) (Middle) (Last) CARL ADRIANE ABELLANOSA		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION CALL CENTER AGENT
	18. AGE at the time of this birth (completed years) 20		
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) ZONE 3, BIASONG TALISAY CITY, 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) NOT MARRIED
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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/Hilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at _____ am/pm on the date of birth specified above.
07:33 AM

Signature _____	Address C/O Sacred Heart Hospital
Name in Print ADELENE YANO, M.D.	Urgello St, Cebu City
Title or Position Attending Physician	Date September 13, 2016

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 **MARRIEL L VILLARIASA**

Relationship to the Child **Mother**

Address **Zone 3, Biasong-Talisay City**

Date **September 13, 2016**

23. PREPARED BY

Signature _____

Name in Print **HAIDEE M. ORNOPIA**

Title or Position **Head- Medical Records**

Date **September 13, 2016**

24. RECEIVED BY

Signature _____

Name in Print **LUZ N. CUGAY**

Title or Position **Administrative Aide III**

Date _____

25. REGISTERED BY THE CIVIL REGISTRAR

Signature _____

Name in Print **HENRY P. TOMALABCAD**

Title or Position **Asst. City Civil Registrar**

Date _____

AFFIDAVIT OF KNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, CARL ADRIANE ABELLANOSA and MARRIEL L. VILLARIASA
of legal age, am/are the natural mother and/or father of URIEL MARY CAROLINE V. ABELLANOSA, who was
born on September 13, 2016 at SACRED HEART HOSPITAL, URGELLO ST., CEBU CITY

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

CARL ADRIANE ABELLANOSA

(Signature Over Printed Name of Father)

MARRIEL L. VILLARIASA

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this 22 SEP 2016 day of _____ by _____

and _____, who exhibited to me (his/her)

Community Tax Cert. No. 1225453 issued on September 16, 2016 at _____

ALBERTIN L. MALA
Notary Public for Cebu City

Lim Bldg. D. Jakosalem St., Cebu

Not. Comm. No. 23-13, until Dec. 31, 2016

IBR # 1002785/12-28-15/Cebu City

MCLE IV signatory of the 2014 Memorandum

PTR # 1034787/12-28-15/Cebu City

ROLL No. 24544 & Notary No. 140-344-84

Roll No. 415-70112-028-028-011

JOC NO 977
PAGE NO 86
Position / Title / Designation
BOOK NO 4
SERIAL NO 204

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:

- That I am the applicant for the delayed registration of:
my birth in _____ on _____
the birth of _____ who was born in _____
on _____
- That I/he/she was attended at birth by _____ who resides at _____
- That I am/he/she is a citizen of _____
- 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 _____
- That the reason for the delay in registering my/his/her birth was _____
- (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.
- 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)