

Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(1. ac...ished in quadruplicate using black ink)

Province <u>CEBU</u>		Registry No. <u>2016-3523</u>		
City/Municipality <u>MANDAUE CITY</u>				
CHILD	1. NAME (First) <u>AUDREY</u> (Middle) <u>CARCEDO</u> (Last) <u>MANGOMPIT</u>			
	2. SEX (Male / Female) <u>FEMALE</u>	3. DATE OF BIRTH (Day) <u>24</u> (Month) <u>APRIL</u> (Year) <u>2016</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO</u> <u>MANDAUE CITY</u> <u>CEBU</u>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>	5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) <u>FIRST</u>	6. WEIGHT AT BIRTH <u>3100</u> grams
MOTHER	7. MAIDEN NAME (First) <u>MARY NINA</u> (Middle) <u>HATAMOSA</u> (Last) <u>CARCEDO</u>			
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	
	10a. Total number of children born alive <u>1</u>	10b. No. of children still living including this birth <u>1</u>	10c. No. of children born alive but are now dead <u>0</u>	11. OCCUPATION <u>CALL CENTER ASSISTANT/REPRESENTATIVE</u>
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>ZONE 2, HERMAG VILLAGE, BASAK</u> <u>MANDAUE CITY</u> <u>CEBU</u> <u>PHILIPPINES</u>			
FATHER	14. NAME (First) <u>ORLY</u> (Middle) <u>YNOT</u> (Last) <u>MANGOMPIT</u>			
	15. CITIZENSHIP <u>FILIPINO</u>		16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	
	17. OCCUPATION <u>NOT APPLICABLE</u>		18. AGE at the time of the birth (completed years) <u>26</u>	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>RELIS, BASAK</u> <u>MANDAUE CITY</u> <u>CEBU</u> <u>PHILIPPINES</u>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) <u>NOT MARRIED</u>		20b. PLACE (City / Municipality) (Province) (Country) <u>NOT APPLICABLE</u>		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 <u>05:57 AM</u> am/pm on the date of birth specified above.				
Signature _____ Name in Print <u>MARGIEY A. CAPA, MD</u> Title or Position <u>MEDICAL OFFICER IV</u>		Address <u>EVERSLEY CHILDS SANITARIUM, JAGOBIAO, MANDAUE CITY, CEBU</u> Date <u>APRIL 26, 2016</u>		
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 <u>MARY NINA HATAMOSA CARCEDO</u> Relationship to the Child <u>MOTHER</u> Address <u>ZONE 2, HERMAG VILLAGE, BASAK, MANDAUE CITY, CEBU</u> Date <u>APRIL 26, 2016</u>		23. PREPARED BY Signature _____ Name in Print <u>OFELIA LASTOMEN PENAS</u> Title or Position <u>DATA CONTROLLER I</u> Date <u>APRIL 26, 2016</u>		
24. RECEIVED BY Signature _____ Name in Print <u>EMMA LV R. BERENDSE</u> Title or Position <u>OFFICE AIDE</u> Date <u>MAY 06 2016</u>		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <u>THELMA C. CRISOLOGO</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>MAY 06 2016</u>		
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 4 2 2 6 0 8 0 2 2 3 0 0 1 0 8 8 8 8 6 0 8 0 2 2 3 0				

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BEST POSSIBLE IMAGE



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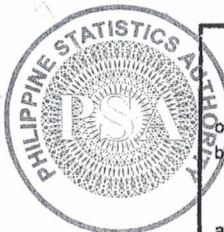
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BReN
02230-B16HQ08-3

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY
(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, ORLY YNOT MANGOMPIT and MARY NIÑA HATAMOSA CARCEDO
of legal age, am/are the natural mother and/or father of AUDREY CARCEDO MANGOMPIT, who was
born on APRIL 24, 2016 at EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL

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

ORLY YNOT MANGOMPIT
(Signature Over Printed Name of Father)

MARY NIÑA HATAMOSA CARCEDO
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this MAY 05 2016 day of _____ by
ORLY YNOT MANGOMPIT and _____, who exhibited to me (his/her)
Community Tax Cert. No. 12638756 issued on APRIL 25, 2016 at _____

MANDALAY CITY
NO. 11
FOR CITY DIVISION
UNTIL DECEMBER 31, 2018
NOT. 31-15
IBP-17979 2015-C.C.
PTR - Signature of the Administering Officer
MCLEIV-0001277-5/23/2011
MCLE V-0004 Name ID No. 2014
TIN NO. 131-993-926
ROLL NO. 2014

DOC. NO. 49
PAGE NO. 09
BOOK NO. 1
SERIES OF 2011
Position / Title / Designation
Address

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.)

_____, 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)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, Philippines, affiant who exhibited to me his Community Tax Cert. _____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

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National Statistician and Civil Registrar General
Philippine Statistics Authority



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Documentary
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