

(Copy for OCRC)

OCRC No. 15-1247919  
Date Filed: 05-08-1994

PURSUANT TO THE DECISION RENDERED BY CCR EVANGELINE T. ABATAYO DATED JANUARY 27, 2015 AND AFFIRMED BY CRG UNDER OCRC NO. 15-1247919, THE CHILD'S FATHER'S AND INFORMANT'S LAST NAMES IS HEREBY CORRECTED FROM "SOBINGSOBIING" TO "SUBINGSUBING".

MS. EDITH R. ORCILLA  
Chief, Document Management Division

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)  
Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU Registry No. 011-9778  
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)  
GRACE ANIELAMPO SOBINGSOBIING

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)  
6 MAY 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
METRO CEBU COMMUNITY HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH X 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 total deaths including this delivery) 1st, (first, second, third, etc.)  
d. WEIGHT AT BIRTH 2,722g, grams

6. MAIDEN NAME (First) (Middle) (Last)  
MIGUELA ESCOBERO ANIELAMPO

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born, alive:      b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION EMPLOYEE 11. Age at the time of this birth: 29 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
TAPON, DUMANING CEBU CEBU

13. NAME (First) (Middle) (Last)  
RICARDO DUAN SOBINGSOBIING

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION EMPLOYEE 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JANUARY 7, 1993 DUMANING CEBU

19a. ATTENDANT X 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 1:45am o'clock am/pm on the date stated above.

Signature [Signature] Address       
Name in Print BOY SITAC, M.D. City CEBU CITY  
Title or Position PHYSICIAN Date MAY 6, 1994

20. INFORMANT  
Signature [Signature] Address       
Name in Print MIGUELA SOBINGSOBIING City TAPON, DUMANING CEBU  
Relationship to the child MOTHER Date MAY 7, 1994

21. PREPARED BY  
Signature [Signature] Name in Print ROBERT MIROZA  
Title or Position CLERK Date MAY 7, 1994  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature] Name in Print IDA A. NUNES  
Title or Position CLERK III Date MAY 11 1994

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