

(Copy for DCRG)

Municipal Form No. 102
 (Revised January 1993)
 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.)

REMARKS/ANNOTATION

Province: Cebu
 City/Municipality: Cebu City
 Registry No.: 97-18286

1. NAME (First, Middle, Last)
Chichela Ginn Abellanosa

For DCRG USE ONLY
 Population Reference No.

2. SEX: Male Female
 3. DATE OF BIRTH (Day, Month, Year)
23 July 1997

41. 9718286

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province)
Sacred Heart Hospital, Urgelle St., Cebu City, Cebu

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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

42.

6. BIRTH ORDER (live births and fetal deaths including this delivery) (First, second, third, etc.)
1st
 d. WEIGHT AT BIRTH (grams)
2520

43.

6. MAIDEN NAME (First, Middle, Last)
Rutchell Teye Abellanosa

44.

7. CITIZENSHIP
 8. REGION

45.

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

46.

10. OCCUPATION: Businesswoman
 11. Age at the time of this birth: 21 years

47.

12. RESIDENCE (House No., Street, Barangay, City/Municipality, Province)
Mancilan Madridejos, Cebu

48.

13. NAME (First, Middle, Last)
Gianer Ungui Villaceran

49.

14. CITIZENSHIP
 15. REGION

50.

16. OCCUPATION: Student
 17. Age at the time of this birth: 21 years

51.

19. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Not Married

52.

19a. ATTENDANT: Physician Nurse Midwife Pilot (Traditional/Midwife) Others (Specify)

53.

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 5:25 P.M. o'clock am/pm on the date stated above.

54.

Signature: Mapey L. Bernal Address: C/O Sacred Heart Hospital, Urgelle St., Cebu City
 Name in Print: Attending Physician Date: July 25, 1997

55.

20. INFORMANT
 Signature: Miss Rutchell T. Abellanosa Address: Mancilan, Madridejos, Cebu
 Name in Print: Mother Date: July 25, 1997
 Relationship to the child: _____ Date: _____

56.

21. PREPARED BY
 Signature: Mrs. Pamela A. Daclan
 Name in Print: Charge Nurse
 Title or Position: _____ Date: July 25, 1997

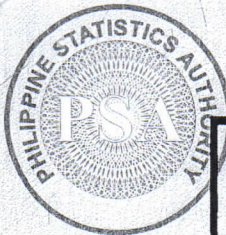
57.

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature: Evelyn A. Abadilla
 Name in Print: CLERK
 Title or Position: _____ Date: AUG 22 1997

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MS. EDITHA R. ORCILLA
 Chief, Document Management Division

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS GINNER U. VILLACERAN AND RUTCHELL T. ABELLANOSA ON JUNE 30, 1999 AT MADRIDEJOS, CEBU UNDER REGISTRY NUMBER 2017-5785. THE CHILD SHALL BE KNOWN AS: CHICHELA GINN ABELLANOSA VILLACERAN



For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, MR. GINNER U. VILLACERAN and parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

[Signature of Father]

(Signature of Mother)

Community Tax No. 3387704
Date Issued 8-22-97
Place Issued Cebu City

Community Tax No.
Date Issued
Place Issued

SUBSCRIBED AND SWORN to before me this 22nd day of Aug, 1997 at Cebu City, Philippines.

Signature of Administering Officer
BOOK NO.
SERIES OF

NOTARY PUBLIC
UNTIH CEBU
PTR NO. 345192 CEBU CF

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, [Name], of legal age, single/married and with residence and postal address at [Address], after having been duly sworn to in accordance with law, do hereby depose and say:

- 1. That I am the applicant for the delayed registration of my birth/of the birth of
2. That I/he/she was born on [Date] at [Place]
3. That I/he/she was attended at birth by [Name] who resides at [Address]
4. That I/he/she is a citizen of [Country]
5. That my/his/her parents were [] married on [Date] at [Place]
[] not married but was acknowledge by my/his/her father whose name is [Name]
6. That the reason for the delay in registering my/his/her birth was due to [Reason]
7. That a copy of my/his/her birth certificate is needed for the purpose of [Purpose]
8. [] (For the applicant only) That I am married to [Name]
[] (For the father/mother/guardian) That I am the [Relationship] of the said person.

(Signature of Affiant)

Community Tax No.
Date Issued
Place Issued

SUBSCRIBED AND SWORN to before me this [Day] day of [Month], [Year] at [Place], Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)