

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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

Fill out completely, accurately and legibly, this form or typewriter.
Print in ink and appropriate amount in items 2, 3a, 3b and 12a.)

Province Cebu City/Municipality Cebu City Registry No. 99 25327

1. NAME (First) Rayhelle (Middle) Mahinay (Last) Alinton

2. SEX Female 3. DATE OF BIRTH (day) (month) (year) 21 Sept. 1999

4. PLACE OF BIRTH (House No., Street, Barangay) (City/Municipality) (Province)
8516 Mahabagay Road, Mabolo, Cebu City, Cebu

5a. TYPE OF BIRTH 1. Single 5b. IF MULTIPLE BIRTH, CHILD WAS 1. First

6. BIRTH ORDER (the name and first letter of the name of the mother) 3rd d. WEIGHT AT BIRTH 5400 grams

7. CITIZENSHIP Phil. 8. RELIGION R.C.

9. No. of children born alive but now dead: 0

10. OCCUPATION Student 11. Age at the time of this birth: 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
8516 Mahabagay Road, Mabolo, Cebu City, Cebu

13. NAME (First) Rayhelle (Middle) Mahinay (Last) Alinton

14. CITIZENSHIP Phil. 15. RELIGION R.C.

16. OCCUPATION Student 17. Age at the time of this birth: 29 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment, Relationship or Paternity of the Birth.)
None

19a. ATTENDANT 3. Midwife

19b. CERTIFICATION OF BIRTH (Specify date and time of birth of the child who was born alive at 5:30 o'clock with/without the placenta above.)
Signature: [Signature] Address: Mabolo, Cebu City
Name in Print: Rayhelle Mahinay Date: Oct. 20, 1999

20. INFORMANT
Signature: [Signature] Address: 8516 Mahabagay Road, Mabolo, Cebu City
Name in Print: Rayhelle Mahinay Date: Oct. 20, 1999

21. PREPARED BY
Signature: [Signature]
Name in Print: [Name] Date: Oct. 20, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [Signature]
Name in Print: JUDITHAN DENI
Title or Position: REGISTRATION OFFICER
Date: OCT 21 1999

For OCRS USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 7925327

42 1

43 2 44 211099

45 22178

46 1

47 03 48 5400

49 1 50 1

51 03 52 03 53 90

54 220 55 30

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60 999 61 29

62 1 11/21/98
22061
10/21/99

63 1

64 3

08701-ED-400RBD-02083-BI001

BEST POSSIBLE IMAGE



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BReN
02217-A99TM1H-0

Documentary
Stamp Tax Paid

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