



Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

accomplished in quadruplicate using black ink

CERTIFICATE OF LIVE BIRTH

Province CEBU		Registry No. 2012 20647		
City/Municipality CEBU CITY				
CHILD	1. NAME (First) (Middle) (Last) ETHAN KYLE ANDOVO AMOROTO			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 28 JUNE 2012		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CAMALIG PERPETUAL BIRTHING HOME & MAT. CLINIC-LABANGON Cebu City Cebu			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) -3RD-	5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) -3RD-	6. WEIGHT AT BIRTH 2,700 grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) HELEN JUMONONG ANDOVO			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 3	10b. No. of children still living including this birth 3	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEKEEPER
	12. AGE at the time of this birth (completed years) 25			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) CATTLEYA ST., BLISS LABANGON CEBU CITY CEBU PHILIPPINES				
FATHER	14. NAME (First) (Middle) (Last) FERDINAND GELIG AMOROTO			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	17. OCCUPATION TECHNICAL SUPPORT		18. AGE at the time of this birth (completed years) 33	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) CATTLEYA ST., BLISS LABANGON CEBU 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) N/A		
21a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" 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 12:04 P.M. am/pm on the date of birth specified above.				
Signature _____ Name in Print MARIA AILEEN S. LESULA, RM Title or Position MIDWIFE		Address VANDA ST., PERPETUAL VALLEY SUBD., LABANGON, CEBU CITY Date JUNE 28, 2012		
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 HELEN J. ANDOVO Relationship to the Child MOTHER Address CATTLEYA ST., BLISS LABANGON CEBU CITY, CEBU Date JUNE 28, 2012		23. PREPARED BY Signature _____ Name in Print CARMEN B. BARBARONA, RM Title or Position MIDWIFE Date JUNE 28, 2012		
24. RECEIVED BY Signature _____ Name in Print RIDOLITO P. YBAÑEZ Title or Position Administrative Aide I Date JUL 10 2012		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print OSCAR B. MOLO Title or Position Assistant City Civil Registrar Date JUL 10 2012		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



(Copy for OCRG)



Municipal Form No. 102 (Revised, January 1993) (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. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CIBU Registration No. 2005 13166
City/Municipality CIBU CITY

CHILD

1. NAME (First) (Middle) (Last)
JOSEPH BENEDICT ANDOVO AMOROTO

2. SEX 1 Male 3. DATE OF BIRTH (day) (month) (year)
29 APRIL 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
PUNTA PRINCESA H.C PUNTA CIBU CITY CIBU

5a. TYPE OF BIRTH 1 Single X 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1st d. WEIGHT AT BIRTH 3213 grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last)
HELEN JUNOWONG ANDOVO

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: ONE b. No. of children still living including this birth: ONE c. No. of children born alive but are now dead: NONE

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 18 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
924 TRES DE ABRIL ST. PUNTA PRINCESA CIBU CITY CIBU

FATHER

13. NAME (First) (Middle) (Last)
FERDINAND FELAS AMOROTO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION MESSENGER 17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT 1 Physician 2 Nurse X 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 2:45 pm o'clock am/pm on the date stated above.

Signature [Signature] Address PHC
Name in Print DEMETRIA COMETA PUNTA PRINCESA CIBU CITY
Title or Position PHN Date MAY 4, 2005

20. INFORMANT Signature [Signature] Address 924 TRES DE ABRIL ST
Name in Print FERDINAND AMOROTO PUNTA PRINCESA CIBU CITY
Relationship to the child FATHER Date MAY 4, 2005

21. PREPARED BY Signature [Signature]
Name in Print DEMETRIA COMETA
Title or Position PHN
Date MAY 4, 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature OSCAR B. MORA
Name in Print Registration Officer I
Title or Position
Date 2005 MAY 11

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





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Municipal Form No. 102 (Revised January 1993)		(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. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)					
Province <u>CEBU</u>			Registry No. <u>007 06600</u>		
City/Municipality <u>CEBU CITY</u>					
1. NAME (First) (Middle) (Last) <u>AIKRI MARIE ANDOYO ANOROTO</u>		2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>11 FEBRUARY 2007</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>PPMG PUNTA PRINCESA CEBU CITY CEBU</u>		5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others. Specify _____	
6. MAIDEN NAME (First) (Middle) (Last) _____		7. CITIZENSHIP <u>PHILIPPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
9a. Total number of children born alive: <u>TWO</u>		b. No. of children still living including this birth: <u>TWO</u>		c. No. of children born alive but are now dead: <u>NONE</u>	
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>29</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>COLEGES DE LA TRINIDAD STREET PUNTA PRINCESA CEBU CITY CEBU</u>		13. NAME (First) (Middle) (Last) <u>FREDINAND GELIC ANOROTO</u>		14. CITIZENSHIP <u>PHILIPPINO</u>	
15. RELIGION <u>ROMAN CATHOLIC</u>		16. OCCUPATION <u>SABORER</u>		17. Age at the time of this birth: <u>28</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>					
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:45 PM</u> o'clock am/pm on the date stated above.			
Signature _____ Name in Print <u>JOVITA SABA</u> Title or Position _____		Address <u>PPMG PUNTA PRINCESA CEBU CITY</u> Date <u>FEBRUARY 11, 2007</u>			
20. INFORMANT Signature _____ Name in Print <u>FREDINAND ANOROTO</u> Relationship to the child: <u>FATHER</u>		Address <u>924 TRIS DE ABRAH STREET PUNTA PRINCESA CEBU CITY</u> Date <u>FEBRUARY 11, 2007</u>			
21. PREPARED BY Signature _____ Name in Print <u>JOVITA SABA</u> Title or Position _____ Date <u>FEBRUARY 11, 2007</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR <u>OSCAR B. MOLA</u> REGISTRATION OFFICER Signature _____ Name in Print _____ Title or Position _____ Date <u>MAR 09 2007</u>			

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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48 _____

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61 _____

62 64 _____

68 69 _____

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



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