



Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. **2014 38555**
City/Municipality CEBU CITY

CHILD

1. NAME (First) KEITH RAVEN (Middle) KWEK (Last) RESTON
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) 11 (Month) NOVEMBER (Year) 2014
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) VISAYAS COMMUNITY MEDICAL CENTER, OSMEÑA BLVD., CEBU CITY (City/Municipality) CEBU (Province) CEBU
5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A 5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2800 grams

MOTHER

7. MAIDEN NAME (First) MAYPRIL (Middle) BACULPO (Last) KWEK
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
10a. Total number of children born alive 1 10b. No. of children still living including this birth 1 10c. No. of children born alive but are now dead 0 11. OCCUPATION NONE 12. AGE at the time of this birth (completed years) 24
13. RESIDENCE (House No., St., Barangay) RR LONDON ST. JONES, CEBU CITY (City/Municipality) CEBU (Province) CEBU (Country) PHILIPPINES

FATHER

14. NAME (First) FRANKLIN (Middle) BARACLAN (Last) RESTON
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION TECHNICAL SUPPORT REP. 18. AGE at the time of this birth (completed years) 27
19. RESIDENCE (House No., St., Barangay) RR LONDON ST. JONES, CEBU CITY (City/Municipality) CEBU (Province) CEBU (Country) 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
 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 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 8:35 A.M. am/pm on the date of birth specified above.

Signature _____ Address C/O VCMC
Name in Print EVELYN C. TAM, M.D. City CEBU CITY
Title or Position ATTENDING PHYSICIAN Date NOV. 17, 2014

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 MAYPRIL B. KWEK
Relationship to the Child MOTHER
Address RR LONDON ST. JONES, CEBU CITY
Date NOV. 17, 2014

23. PREPARED BY
Signature _____
Name in Print MADEYN P. JUMAO-AS
Title or Position MRD STAFF
Date NOV. 17, 2014

24. RECEIVED BY
Signature _____
Name in Print LUZ N. CUGAY
Title or Position ADMINISTRATIVE AIDE III
Date 10 DEC 2014

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print HENRY P. TOMALABCAD
Title or Position ASST. CITY CIVIL REGISTRAR
Date 10 DEC 2014

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

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BEST POSSIBLE IMAGE



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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 A KNOWLEDGMENT/ADMISSION OF CERTAINITY
 (For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, FRANKLIN B. RESTON and MAYPRIL B. KWEK
 of legal age, am/are the natural mother and/or father of KEITH RAVEN K. RESTON, who was
 born on NOV. 11, 2014 at VISAYAS COMMUNITY MEDICAL CENTER, CEBU CITY

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

FRANKLIN B. RESTON
 (Signature Over Printed Name of Father)

MAYPRIL B. KWEK
 (Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this DEC 03 2014 day of _____ by
FRANKLIN B. RESTON and MAYPRIL B. KWEK, who exhibited to me (his/her)
 Community Tax Cert. No. 22727310 issued on NOV. 17, 2014 at
CEBU CITY

ATTY. BONIFACIO T. DEGAMO JR.
 NOTARY PUBLIC
 Signature of the Administering Officer
 TR NO. 468698-3-25-14, C.
 BP NO. 57191-2-11-14, C.C.
 NOT. COM. NO. 44-13

JOC NO. 37
 Position / Title / Designation
 BOOK NO. 25
 Address
 SERIES OF 14

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH
 (To be accomplished by the responsible person over the father, mother, or guardian or the person himself if 18 years old or over.)

I, _____, 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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