

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. **2015 05007**  
City/Municipality CEBU CITY

**CHILD**

1. NAME (First) (Middle) (Last)  
NIÑA SHANTALLE MONCADA ROSALES

2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) (Month) (Year)  
20 JANUARY 2015

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
MARGARITA BIRTHING CENTER CEBU CITY CEBU

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of this birth to previous live births including stillbirth) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 3250 grams

**MOTHER**

7. MAIDEN NAME (First) (Middle) (Last)  
AILEEN ABEÑO MONCADA

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 HOUSEKEEPER, OWN HOME 12. AGE at the time of this birth (completed years) 19

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
SUDLON, LAHUG CEBU CITY CEBU PHILIPPINES

**FATHER**

14. NAME (First) (Middle) (Last)  
JANJAN DELIT ROSALES

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION CALL CENTER AGENT 18. AGE at the time of this birth (completed years) 25

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
SUDLON, LAHUG CEBU CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE

21a. ATTENDANT  
1 Physician 2 Nurse X 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 02:10 AM am/pm on the date of birth specified above.

Signature MFS Address 99 J GORONDO AVENUE, KAMPUTHAW, CEBU CITY, CEBU  
Name in Print MARGARITA F. CODERA  
Title or Position MIDWIFE Date JANUARY 20, 2015

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature [Signature] 23. PREPARED BY  
Name in Print ANNABELLE S. NARANJO  
Relationship to the Child MOTHER Title or Position MIDWIFE  
Address CEBU CITY, CEBU Date JANUARY 20, 2015  
Date JANUARY 20, 2015

24. RECEIVED BY  
Signature [Signature] 25. REGISTERED BY THE CIVIL REGISTRAR  
Name in Print LUZ N. GUGAY Title or Position ASST. CITY CIVIL REGISTRAR  
Title or Position ADMINISTRATIVE AIDE II Date 17 FEB 2015  
Date 17 FEB 2015

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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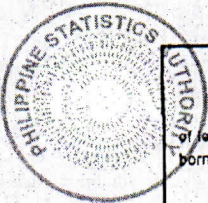
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*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**  
(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, JANJAN DELIT ROSALES NINA SPANITALLE MONCADA ROSALES, who was of legal age, am/are the natural mother and/or father of AILEEN ABENO MONCADA, born on JANUARY 20, 2015 at CEBU CITY, CEBU.

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

JANJAN DELIT ROSALES AILEEN ABENO MONCADA  
(Signature Over Printed Name of Father) (Signature Over Printed Name of Mother)

**SUBSCRIBED AND SWORN** to before me this 17 FEB 2015 day of \_\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_ who exhibited to me (his/her) \_\_\_\_\_ issued on 2/12/15 at \_\_\_\_\_

ACEVAL BERENIO M. AYALA, JR.  
Notary Public for Cebu and Province  
 UNTIL DECEMBER 31, 2016  
 1000 La Salle Drive, Cebu City  
 IBP # 2011-00000000000000000000  
 PTR # 55512-00000000000000000000  
 ROLL No. 2011-00000000000000000000  
 Tel. No. 412-16-5 & CP # 0915-501-2184  
 MCLE N Com. del. No. \_\_\_\_\_ Name in Print \_\_\_\_\_ Address \_\_\_\_\_

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**  
(To be accomplished by the hospital/clinic administrator, father, mother, or guardian of the person himself if 18 years old or over.)

\_\_\_\_\_ 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.  
LISA GRACE S. BERSALES  
ADMINISTRATIVE OFFICER  
 \_\_\_\_\_  
(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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**LISA GRACE S. BERSALES, Ph.D.**  
 National Statistician and Civil Registrar General  
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