	THE STATE OF THE SECOND STATES		OF		Registry No.	
3	ovince CEBU					
O	ty/Municipality CEBU CITY				2013 3	36758
	1. NAME (First)		ddle)		(Last)	
	2. SEX (Male / Female)	3. DATE OF	SALEM (Day)	Commence Laboration .	(Month)	(Year)
C	MALE	BIRTH	6	a n	ecember 2013	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
H	4. PLACE OF (Name of Hospita BIRTH House No., St., E	//Clinic/Institution/ Barangay) HOSPITAL, FUENTE O	(City/M	unicipality)	(Provinc	ce)
L	CHONG HUA  5a, TYPE OF BIRTH	5b. IF MULTIPLE BIRTH, CH			HORDER (Order of this birth to	6. WEIGHTAT BIRTH
D	(Single,Twin,Triplot, etc.)	(First, Second, Third, etc.)		previous live	births including fets! death) ond, Third, etc.)	U. WEIGHT AT BIRTH
	SINGLE				FIRST	· 3200 gran
	7. MAIDEN (First) NAME	(M	liddle)		(Last)	440-2011-2422
M	JIEN MARGE	M LA	SCUÑA	*****	JERUSAL	EM
0	8. CITIZENSHIP	INO	9.RE		LIGIOUS SECT	
TH	10a. Total number of 10b. No. of child	ren still 10c. No. of children bo	om 11.		ROMAN CATHOLIC	12. AGE at the time of
E	children born alive living including	this birth alive but are now o	dead			birth (completed ye
R	ONE ONE  13. RESIDENCE - (House No., St.,		/Municipal	itv)	NONE (Province)	(Country)
		SUADALUPE SAMBAG				
	14. NAME (First)		iddle)		(Last)	
F	JOHN KEYVEN		ATICO		CISNERO	os
A	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT		17. OCC	JPATION	18. AGE at the time of
H	FILIPINO	ROMAN CATHOL	LIC		NONE	birth (completed year
ER	19. RESIDENCE (House No., St.,	Barangay) (City	//Municipa	lity)	(Province)	(Country)
20a. 21a.	IRRIAGE OF PARENTS (if not m DATE (Month) (Day) NOT MARRIE ATTENDANT  XX1 Physician2 Nurse	arried, accomplish Affidavit of Ackr (Year) 20b. PLACE D 4 Hild	(City / f	ent/Admissio Municipality	(Province)	(Country)
20a. 21a.	RRIAGE OF PARENTS (If not m DATE (Month) (Day) NOT MARRIE	arried, accomplish Affidavit of Ackr (Year) 20b. PLACE D 4 Hild BIRTH (Physician, Nurse, Midwife, the birth of the child who was	(City / final control	ent/Admissio Municipality nal Birth At Birth Attenda at 09:4	n of Paternity at the back.) (Province)  tendant) 5 Others (\$\frac{1}{2} \text{TMHBIOL, etc.}} .  7 PM am/pm on the date	Specify)
21a. 21b.	RRIAGE OF PARENTS (if not m DATE (Month) (Day)  NOT MARRIE ATTENDANT  XX1 Physician 2 Nurse CERTIFICATION OF ATTENDANT AT I hereby certify that I attended	arried, accomplish Affidavit of Ackr (Year) 20b. PLACE  D 3 Midwife 4 Hild BIRTH (Physician, Nurse, Midwife, the birth of the child who was	(City / No. ot (Traditional born alive	ent/Admission Aunicipality anal Birth At Birth Attenda at 09:4	n of Patemity at the back.) (Province) (endant) 5 Others (\$ nt/Hilot, etc.)	Specify)e of birth specified abov
21a. 21b. Sig	ARRIAGE OF PARENTS (If not m DATE (Month) (Day)  NOT MARRIE ATTENDANT  XX 1 Physician 2 Nurse CERTIFICATION OF ATTENDANT AT I hereby certify that I attended	arried, accomplish Affidavit of Ackr (Year) 20b. PLACE  D 3 Midwife 4 Hild BIRTH (Physician, Nurse, Midwife, the birth of the child who was  ONICAR TABORA, M.D.	(City / find traditional born alive	ent/Admissio Municipality  anal Birth At Birth Attenda at 09:4  S C/O CI OSME	n of Patemity at the back.) (Province) (endant) 5 Others (\$ nt/Hilot, etc.)	Specify)  of birth specified abov  L, FUENTE  Y, CEBU
20a. 21a. 21b. Sig Nair	RRIAGE OF PARENTS (If not m DATE (Month) (Day)  NOT MARRIE ATTENDANT  XX 1 Physician 2 Nurse CERTIFICATION OF ATTENDANT AT I hereby certify that I attended inature me in Print_GYPSY JANY ALMI e or Position_ATTENDING PHYS CERTIFICATION OF INFORMANT	arried, accomplish Affidavit of Ackr (Year) 20b. PLACE D  3 Midwife 4 Hild BIRTH (Physician, Nurse, Midwife, the birth of the child who was 0NICAR TABORA, M, D.	(City / final control of the control	ent/Admissio Municipality  anal Birth At Birth Attenda at 09:4  S C/O CI OSME	n of Paternity at the back.) (Province)  tendant) 5 Others (something tendent) 5 Others (something tendent) on the date through HANG HUA HOSPITA NA BLVD., CEBU CITABER 04, 2013	Specify)  of birth specified above  L, FUENTE  Y, CEBU
20a. 21a. 21b. Sig Nair	RRIAGE OF PARENTS (If not m DATE (Month) (Day)  NOT MARRIE ATTENDANT  XX 1 Physician 2 Nurse CERTIFICATION OF ATTENDANT AT I hereby certify that I attended inature me in Print_GYPSY JANY ALMI e or Position_ATTENDING PHYS CERTIFICATION OF INFORMANT	arried, accomplish Affidavit of Ackr (Year) 20b. PLACE D  3 Midwife 4 Hild BIRTH (Physician, Nurse, Midwife, the birth of the child who was 0NICAR TABORA, M, D.	(City / final control of the control	ent/Admissio Municipality anal Birth Attenda e at 09:4' S C/O CI OSME	n of Paternity at the back.) (Province)  tendant) 5 Others (something tendent) 5 Others (something tendent) on the date through HANG HUA HOSPITA NA BLVD., CEBU CITABER 04, 2013	Specify)  of birth specified above  L, FUENTE  Y, CEBU
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20a. 21a. 21b. Sig Nan Titte 22. C	RRIAGE OF PARENTS (If not m DATE (Month) (Day)  NOT MARRIE ATTENDANT  XX 1 Physician 2 Nurse CERTIFICATION OF ATTENDANT AT I hereby certify that I attended anature  me in Print_GYPSY_JANF_ALMI e or Position_ATTENDING PHYS CERTIFICATION OF INFORMANT I hereby certify that all information correct to my own knowledged and by	arried, accomplish Affidavit of Ackr (Year) 20b. PLACE D 4 Hild BIRTH (Physician, Nurse, Midwife, the birth of the child who was DNICAR TABORA, M, D. SICIAN a supplied are true and lief.	ot (Traditional born alive  Addres  Date	ent/Admissio Municipality nal Birth Attenda e at	n of Paternity at the back.) (Province)  tendant) 5 Others (something tendent) 5 Others (something tendent) on the date through HANG HUA HOSPITA NA BLVD., CEBU CITABER 04, 2013	Specify) s of birth specified abov L, FUENTE Y, CEBU
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20a. 21a. 21b. Sig Nar Tittle 22. C Sig Na Re Add	RRIAGE OF PARENTS (if not m DATE (Month) (Day)  NOT MARRIE ATTENDANT  XX 1 Physician 2 Nurse CERTIFICATION OF ATTENDANT AT I hereby certify that I attended anature  me in Print GYPSY JANY ALMI e or Position ATTENDING PHYS CERTIFICATION OF INFORMANT I hereby certify that fill information correct to my own knowledge and by gnature  me in Print JIEN MARGEM LAS distionship to the Child MOTHER dress BARANGAY GUADALUP ctry, CEBU deep December 04	arried, accomplish Affidavit of Ackr (Year) 20b. PLACE D  3 Midwife 4 Hild BIRTH (Physician, Nurse, Midwife, the birth of the child who was DNICAR TABORA, M, D. SICIAN a supplied are true and lief. CUÑA JERUSALEM  E SAMBAG II CEBU	ot (Traditional born alive  Addres  Date 23. PRi  Signat  Name  Title of Date	ent/Admissio Municipality  nal Birth At BirthAttenda et 09:4  S C/O CI OSME  Decerr  EPARED BY  ure  in Print r Position	n of Paternity at the back.)  (Province)  tendant) 5 Others (something, etc.)  7 PM am/pm on the date HONG HUA HOSPITA NA BLVD., CEBU CIT Taber 04, 2013  ELIZER SADAYA DE	Specify)  of birth specified abov  L, FUENTE  Y, CEBU  LA CERNA  CLERK
20a. 21a. 21b. Sig Nair Titte 22. C Sig Na Re Add Da 24. I	RRIAGE OF PARENTS (if not m. DATE (Month) (Day)  NOT MARRIE ATTENDANT  XX1 Physician 2 Nurse CERTIFICATION OF ATTENDANT AT I hereby certify that I attended inature me in Print GYPSY JANE ALM! e or Position ATTENDING PHYS CERTIFICATION OF INFORMANT I hereby certify that all information correct to my own knowledge and be gradure ime in Print JIEN MARGEM LAS distinship to the Child MOTHER dress BARANGAY GUADALUP CITY, CEBU de RECEIVED BY	arried, accomplish Affidavit of Ackr (Year) 20b. PLACE D  3 Midwife 4 Hild BIRTH (Physician, Nurse, Midwife, the birth of the child who was DNICAR TABORA, M, D. SICIAN a supplied are true and lief. CUÑA JERUSALEM  E SAMBAG II CEBU	(City / final content of the content	ent/Admissio Municipality nal Birth Attenda e at 09:4  S C/O CI OSME  Decent  EPARED BY  Ure  r Position  T Position	n of Paternity at the back.) (Province)  tendant) 5 Others (something the date of th	Specify)  of birth specified abov  L, FUENTE  Y, CEBU  LA CERNA  CLERK
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Documentary Stamp Tax Paid

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



AFFIDAVIT OF .NOWLEDGME	ENT/ADMISSION ATERNITY
I'We. JIEN MARGEM L. JERUSHUM	and John HEYVEN J. CISULTEDS
of legal age, am/are the natural mother and/or father ofCLI	Pryosef J. CISNEROS who was
born on DECEMBER 3, 2013 at CHONGHUA	HOSPITAL
2010 30103	$\sim$
	truthfulness of the foregoing statements and for purposes of
acknowledging my/our child.	- July -
JOHN KENDA CHONDROLM	TIEN APPREN LA DERUS AUGUS
(Signature Over Printed Name of Father)	(Sighature Giver Printed Name of Mother)
	DEC A F 2040
JIEN MARSEM L- JERUSANEM and John Rey	day of DEC 0.5 2013 by
Community Tax Cert. No. 33879 439	issued on DEC: 4, 2013 at
CEBU CITY	
. No. 355	FROILAN M. QUIJANO, JR.
ENO. 71	NOTARIAL COMMISSION No. 0075 ROLL No. 43521
K NO. 17	CEBU, PHILIPPINES VALID UNTIL DECEMBER 31, 2014
IES OF 30(3) Signature of the Administering Officer	POSTOMATELA NO SIGNARIO EET
Name in Print	PIR W PRESSE DIVISIONS - CEBRICITA
Pagnis att sitt	PTR #0 9689925-01/03/2013 - CERU CITY  IBP #0 900499 ACR #97/2012 - CERU CITY  MCLF COMPILANCE NO. IV-0010218-10/12/10
AFFIDAVIT FOR DELAYED I	REGISTRATION OF BIRTH
(To be accomplished by the hospital/clinic administrator, father, mo	other, or guardian or the person himself if to years old or over.)
	, of legal age, single/married/divorced/widow/widower, with
residence and postal address at	A STATE OF THE STA
after having been dul	ly sworn in accordance with law, do hereby depose and say
1. That I am the applicant for the delayed registration of	of:
my birth in	on
	who was born in
on	이 것은 이번에 가장 가장이 되었다. 그는 그가 있는 나이에 가는 그를 하면 없어요? 사람들은 이 사람들은 이 사람들은 사람들은 사람들은 사람들이 되었다.
That I/he/she was attended at birth by	
	who resides at
2. That I/he/she was attended at birth by  3. That I am/he/she is a citizen of	who resides at
2. That I/he/she was attended at birth by  3. That I am/he/she is a citizen of	who resides at
2. That I/he/she was attended at birth by  3. That I am/he/she is a citizen of  4. That my/his/her parents were married on	who resides at
2. That I/he/she was attended at birth by  3. That I am/he/she is a citizen of  4. That my/his/her parents were married on  not married	who resides at
2. That I/he/she was attended at birth by  3. That I am/he/she is a citizen of  4. That my/his/her parents were married on  not married father who	who resides atat
2. That I/he/she was attended at birth by  3. That I am/he/she is a citizen of  4. That my/his/her parents were married on  not married	who resides atat
2. That I/he/she was attended at birth by  3. That I am/he/she is a citizen of  4. That my/his/her parents were married on  not married father who  5. That the reason for the delay in registering my/his/h	atatatatat
2. That I/he/she was attended at birth by	who resides atatatatat
2. That I/he/she was attended at birth by  3. That I am/he/she is a citizen of  4. That my/his/her parents were married on  not married father who  5. That the reason for the delay in registering my/his/h	who resides atatatatat
2. That I/he/she was attended at birth by	who resides at  at  but l/he/she was acknowledged/not acknowledged by my/his/her ose name is her birth was  That I am the
2. That I/he/she was attended at birth by	who resides atatatatat
2. That I/he/she was attended at birth by	who resides at
2. That I/he/she was attended at birth by	at
2. That I/he/she was attended at birth by	who resides at
2. That I/he/she was attended at birth by	at
2. That I/he/she was attended at birth by	at
2. That I/he/she was attended at birth by	who resides at  at  but l/he/she was acknowledged/not acknowledged by my/his/her ose name is  ner birth was  That I am the
2. That I/he/she was attended at birth by	who resides at  at
2. That I/he/she was attended at birth by	who resides at  at
2. That I/he/she was attended at birth by	who resides at
2. That I/he/she was attended at birth by	who resides at  at
2. That I/he/she was attended at birth by	who resides at

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Documentary Stamp Tax Paid Lisa Graco S. Bersales LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General Philippine Statistics Authority

