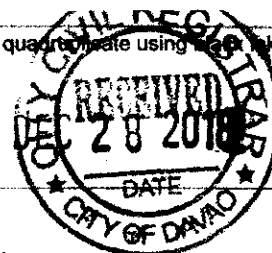


Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**



Province \_\_\_\_\_ Registry No. **2018-41025**  
City/Municipality **DAVAO CITY**

**CHILD**  
1. NAME (First) (Middle) (Last)  
**NORIELLA ISABELLE ALBAÑO BALAORO**  
2. SEX (Male, Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)  
**17 DECEMBER 2018**  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, House No., St., Barangay) (City/Municipality) (Province)  
**BROKENSHERE INTEGRATED HEALTH MINISTRIES, INC, BROKENSHERE HEIGHTS, MADAPO, DAVAO CITY**  
5a. TYPE OF BIRTH (Single/Twin/Triples, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **SECOND** 6. WEIGHT AT BIRTH **3340** grams

**MOTHER**  
7. MAIDEN NAME (First) (Middle) (Last)  
**LOUELLA GODITO ALBAÑO**  
8. CITIZENSHIP **Filipino** 9. RELIGION/RELIGIOUS SECT **Roman Catholic**  
10a. Total number of children born alive **2** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **CALL CENTER AGENT** 12. AGE at the time of this birth (Completed years) **26**  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**YCF VILLAGE, SAN VICENTE, BRGY. SAN ANTONIO, AGDAO, DAVAO CITY, PHILIPPINES**

**FATHER**  
14. NAME (First) (Middle) (Last)  
**NORIEL SAM BALAORO**  
15. CITIZENSHIP **Filipino** 16. RELIGION/RELIGIOUS SECT **Islam** 17. OCCUPATION **CALL CENTER AGENT** 18. AGE at the time of this birth (Completed years) **23**  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**BLK. 15, LOT 27, STA. ROSA ST., LAVERNA HILLS, DAVAO CITY, PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
20a. DATE (Month) (Day) (Year) **NOT APPLICABLE** 20b. PLACE (City/Municipality) (Province) (Country) **NOT APPLICABLE**

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 **06:25 AM** am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address **c/o BROKENSHERE INTEGRATED HEALTH MINISTRIES, INC., DAVAO CITY**  
Name in Print **MARIA LOURDES MONTEVERDE, MD.**  
Title or Position **ATTENDING PHYSICIAN** Date **December 18, 2018**

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 **NORIEL S. BALAORO**  
Relationship to the Child **FATHER**  
Address **BLK. 15, LOT 27, STA. ROSA ST., LAVERNA HILLS, DAVAO CITY, PHILIPPINES**  
Date **December 18, 2018**  
23. PREPARED BY  
Signature \_\_\_\_\_ Name in Print **ANA MARIE T. GALACIO**  
Title or Position **MEDICAL RECORDS STAFF**  
Date **December 18, 2018**

24. RECEIVED BY  
Signature \_\_\_\_\_ Name in Print **ARLENE C. VIERNES**  
Title or Position **ADMIN. AIDE IV**  
Date **DEC 28 2018**  
25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_ Name in Print **ADELINA C. PERIQUET**  
Title or Position **CCRO - Registration Officer III**  
Date **DEC 28 2018**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

(For births before August 1988)

(For births on or after August 1988)

**NORIEL SAM BALAORO**

**LOUELLA GODITO ALBAÑO**

I/We,

**NORIELA ISABELLE ALBAÑO BALAORO**

of legal age **22/07/2018** natural mother and/or **SHROKESHIRE INTEGRATED HEALTH MINISTRIES, INC., DAVAO CITY** born on \_\_\_\_\_ at \_\_\_\_\_

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

**NORIEL SAM BALAORO**

**LOUELLA GODITO ALBAÑO**

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

**NORIEL SAM BALAORO** SUBSCRIBED AND SWORN to before me this **22.8.2018** day of **LOUELLA GODITO ALBAÑO** by **DAVAO CITY** **COMPANY I.D.** **December 20, 2018** issued on \_\_\_\_\_ to me his/her \_\_\_\_\_ at \_\_\_\_\_

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Book No. **19**

Series Of **208**

Signature of the Administering Officer

Name in Print

**ATTY. KENNETH A. ROLUYA**

Notary Public  
Unit Certificate No. 2011  
Board No. 10-10-001-0474

Position, Title / Designation

Address

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(To be accomplished by the hospital/clinic administrator, 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 \_\_\_\_\_ **BIHME, DAVAO CITY** at \_\_\_\_\_, Philippines.

(Signature Over Printed Name of Affiant)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Registry No. **AM-08269**

Province **Davao City**

1. NAME  
 (First) **Josh Raphael**  
 (Middle) **Albano**  
 (Last) **Carrido**

2. SEX (Male / Female) **Male**

3. DATE OF BIRTH  
 (Day) **01**  
 (Month) **March**  
 (Year) **2016**

4. PLACE OF BIRTH  
**Davao Central City - in District of Davao**

5a. TYPE OF BIRTH  
 (Single, Twin, etc.) **Single**

5b. IF MULTIPLE BIRTH CHILD WAS  
 (First, second, third, etc.) **N/A**

5c. BIRTH ORDER **First**

6. WEIGHT AT BIRTH  
 (Grams) **3836**

7. MARRIAGE STATUS  
 (First) **Lonelle**  
 (Middle) **Godito**  
 (Last) **Albano**

8. CITIZENSHIP **Philippine**

9. RELIGION/RELIGIOUS SECT **Roman Catholic**

10a. Total number of children born alive **01**

10b. No. of children still living including this birth **01**

10c. No. of children born alive but are now dead **00**

11. OCCUPATION **Housekeeper**

12. AGE at the time of this birth (in completed years) **23**

13. RESIDENCE  
 (House No., St., Barangay) **Davao City**  
 (City/Municipality) **Davao City**  
 (Province) **Davao City**  
 (Country) **Philippines**

14. NAME  
 (First) **Joshua**  
 (Middle) **Sabana**  
 (Last) **Carrido**

15. CITIZENSHIP **Philippine**

16. RELIGION/RELIGIOUS SECT **Roman Catholic**

17. OCCUPATION **Call Center Agent**

18. AGE at the time of this birth (in completed years) **23**

19. RESIDENCE  
 (House No., St., Barangay) **Davao City**  
 (City/Municipality) **Davao City**  
 (Province) **Davao City**  
 (Country) **Philippines**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
 20a. DATE (Month) **N/A** (Day) **N/A** (Year) **N/A**  
 20b. PLACE (City/Municipality) **N/A** (Province) **N/A** (Country) **N/A**

21a. ATTENDANT  
 1 Physician  2 Nurse  3 Midwife  4 Helet (Traditional Birth Attendant)  5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Helet or other) I hereby certify that I attended the birth of the child who was born alive at **11:05 am** on the date of birth specified above.  
 Signature **Dr. B. B. B.**  
 Name in Print **Dr. B. B. B.**  
 Address **1110 E. Davao City**  
 Title or Position **Dr. B. B. B.**  
 Date **March 07, 2016**

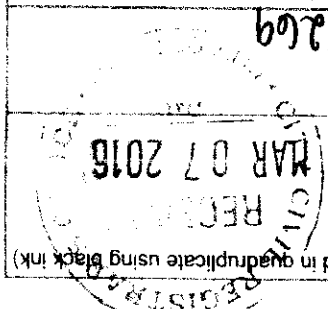
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
 Signature **Lonelle S. Albano**  
 Name in Print **Lonelle S. Albano**  
 Relationship to the Child **Mother**  
 Address **Door 3 Freedom Vill. San Antonio Agdas Davao City**  
 Date **March 07, 2016**

23. PREPARED BY  
 Signature **Shirley A. Aranda**  
 Name in Print **Shirley A. Aranda**  
 Title or Position **Registrar General**  
 Date **March 07, 2016**

24. RECEIVED BY  
 Signature **Armando C. Aranda**  
 Name in Print **Armando C. Aranda**  
 Title or Position **Registrar General**  
 Date **March 07, 2016**

DATE/INITIALS OF THE REGISTRAR

(To be accomplished in quadruplicate using black ink)



**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, Joshua S. Carredo and Louella G. Albano

of legal age, am/are the natural mother and/or father of Josh Raphael A. Carredo who was born on March 01, 2016 at Davao 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.

(Signature Over Printed Name of Father) \_\_\_\_\_  
 (Signature Over Printed Name of Mother) \_\_\_\_\_

**SUBSCRIBED AND SWORN** to before me this 07 day of March, 2016 by

Community Tax Cert. No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_

Signature of the Notarizing Officer: JOSEPH DOMINIC S. FELIZARDO  
 Notary Public - Davao City  
 My Commission Expires on December 31, 2017  
 (To be accomplished by the Notary Public administering the Affidavit, mother, or guardian or the person himself if 18 years old or over.)  
 Not of Attorneys No. 48817

residence and postal address at \_\_\_\_\_

after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:  
 my birth in \_\_\_\_\_ on \_\_\_\_\_  
 the birth of \_\_\_\_\_ who was born in \_\_\_\_\_ on \_\_\_\_\_

2. That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_

3. That I am/he/she is a citizen of \_\_\_\_\_

4. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_

5. That the reason for the delay in registering my/his/her birth was \_\_\_\_\_

6. (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.

7. 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 \_\_\_\_\_, Philippines.

(Signature Over Printed Name of Affiant) \_\_\_\_\_