

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: CEBU Registry No: 2011 3365C
 City/Municipality: CEBU CITY

1. NAME (First Middle Last)
ZHANNEL LOURDS TIFFANY AYING RALLOS

2. SEX (Male / Female) FEMALE **3. DATE OF BIRTH (Day Month Year)** 24 NOVEMBER 2011

4. PLACE OF BIRTH (Name of Hospital, Center, or Institution; No. St. or Barangay; City/Municipality; Province)
CEBU PLUR. CNTR. & MATERNITY HOUSE, INC., CEBU CITY, CEBU

5. TYPE OF BIRTH (Single Twin Triplet, etc.) SINGLE **6. BIRTH ORDER (Count of one and if identical twins, indicate first, second, third, etc.)** FIRST **7. WEIGHT AT BIRTH** 3,000 grams

8. MOTHER (First Middle Last) CHRISTINE LINDO AYING

9. FATHER (First Middle Last) CABBY VALENTIA RALLOS

10. RELIGION (If none, specify) ROMAN CATHOLIC

11. OCCUPATION ENL. TEACHER **12. AGE at the time of the last completed year** 28

13. RESIDENCE (House No., St., Barangay; City/Municipality; Province; Country)
17-A EUCALYPTUS ST. MAMBALING, CEBU CITY, CEBU, PHILS.

14. CITIZENSHIP PHILIPINO **15. RELIGION (If none, specify)** ROMAN CATHOLIC **16. OCCUPATION** SELF-EMPLOYED **17. AGE at the time of the last completed year** 28

18. RESIDENCE (House No., St., Barangay; City/Municipality; Province; Country)
17-A EUCALYPTUS ST. MAMBALING, CEBU CITY, CEBU, PHILS.

MARRIAGE OF PARENTS (If none, specify; Office of National Registration of Marriages at the date of birth)
19. DATE (Month Day Year) OCTOBER 14, 2011 **20. PLACE (City/Municipality; Province; Country)** MINGLANILLA, CEBU, PHILS.

21. ATTENDANT
 1. Physician _____ 2. Nurse _____ 3. Midwife _____ 4. Priest (Diocesan/Episcopal Agency) _____ 5. Other (Specify) _____

22. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Priest, or other duly qualified person):
 I hereby certify that I attended the birth of the child who was born at the _____ 2:37PM on the date of birth specified above.

Signature: _____ Address: CEBU PLUR. CNTR. & MATERNITY HOUSE, INC., CEBU CITY
 Name in Print: FARINA SABADO, M.D.
 Title or Position: PHYSICIAN Date: 24 NOVEMBER 2011

23. CERTIFICATION OF INFORMANT (Informant certifies that all information supplied is true and correct to the best of his/her knowledge and belief):

Signature: _____ Signature: _____
 Name in Print: CHRISTINE A. RALLOS Name in Print: CHRISTY T. PAGUBOT
 Relationship to the Child: MOTHER Title or Position: CLERK
 Address: MAMBALING, CEBU CITY, CEBU Date: 24 NOVEMBER 2011

24. RECEIVED BY **25. REGISTERED BY THE CIVIL REGISTRAR**

Signature: _____ Signature: _____
 Name in Print: RIDOLFO M. YBAÑEZ Name in Print: OSCAR B. MOTO
 Title or Position: ADMINISTRATIVE AIDE I Title or Position: ASSISTANT CITY CIVIL REGISTRAR
 Date: DEC 01 2011 Date: DEC 01 2011

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only):

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

A B C D E F G H I J K L M N O P

06693-85-899CNA-04452-BI001

BEST POSSIBLE IMAGE



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CM100407595

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02217-811X20X-7

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D

National Statistician and Civil Registrar General

Philippine Statistics Authority

