

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU
City/Municipality CEBU CITY

Registration No. 2007-07994

1. NAME (First) (Middle) (Last)
KRIZLEY LYLE RALLOS SABELLO
2. SEX M 1. Male 2. Female
3. DATE OF BIRTH (day) (month) (year)
25 MARCH 2007

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
MARGARITA BIRTHING CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH X1 Single 2. Twin 3. Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2. Second 3. Others, Specify
c. BIRTH ORDER (live births and fetal deaths including this delivery) FOURTH (first, second, third, etc.)
d. WEIGHT AT BIRTH 3000 grams

6. MAIDEN NAME (First) (Middle) (Last)
MELISSA FLORES RALLOS

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 4
b. No. of children still living including this birth: 4
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEKEEPER 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
269 DAISY ST., V & G, SUBD., CONSOLACION, CEBU

13. NAME (First) (Middle) (Last)
CHRISTIAAN LOUIS VAÑO SABELLO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION BUSINESSMAN 17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT
X 1. Physician 2. Nurse 3. Midwife
X 4. Hilot (Traditional Midwife) 5. Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 8:03 PM o'clock
am/pm on the date stated above.

Signature [Signature] Address 96-J GORORDO AVENUE KAMPUTHAW, CEBU CITY, CEBU
Name in Print MARGARITA F. DUHAC Date MARCH 25, 2007
Title or Position MIDWIFE

20. INFORMANT
Signature [Signature] Address 269 DAISY ST., V & G SUBD., CONSOLACION, CEBU
Name in Print MELISSA F. RALLOS Date MARCH 25, 2007
Relationship to the child MOTHER

21. PREPARED BY [Signature] 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, CHRISTIAAN LOUIS V. SABELLO and MELISSA F. RALLOS
parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the
information contained herein are true and correct to the best of our/my knowledge and belief.

[Signature]

(Signature of Father)

[Signature]

(Signature of Mother)

Community Tax No. 16136295

Date Issued 03-26-07

Place Issued CEBU CITY, CEBU

Community Tax No. 16136296

Date Issued 03-26-07

Place Issued CEBU CITY, CEBU

MAR 26 2007

SUBSCRIBED AND SWORN to before me this _____ day of _____, Philippines.

at ROLANDO C. RAPA

NOTARY PUBLIC

UNTIL DEC 31 2008

(Signature of Administering Officer)

NO. 694415-1/CEBU CITY

NO. 6312716-1/3/07-CEBU CITY

(Name in Print)

Doc. No. 210

Page No. 117 (Title/Designation)

Book No. 599

Series of 200 7 (Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, _____, of legal age, single/married
and with residence and postal address at _____,
after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of _____.
2. That I/he/she was born on _____ at _____.
3. That I/he/she was attended at birth by _____ who resides at _____.
4. That I/he/she is a citizen of _____.
5. That my/his/her parents were married on _____ at _____
 not married but was acknowledge by my/his/her father whose name is _____.
6. That the reason for the delay in registering my/his/her birth was due to _____.
7. That a copy of my/his/her birth certificate is needed for the purpose of _____.
8. (For the applicant only) That I am married to _____.
 (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)

Community Tax No. _____

Date Issued _____

Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
 Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province **CEBU**
 City/Municipality **CEBU CITY** **2009030855**

1. NAME (First) **XIANLEY ZYLE** (Middle) **RALLOS** (Last) **SABELLO**

2. SEX **X** Male Female
 3. DATE OF BIRTH (day) **07** (month) **OCTOBER** (year) **2009**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
MARGARITA BIRTHING CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH **X** 1 Single 2 Twin 3 Triplet, etc.
 5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

6. BIRTH ORDER (live births and fetal deaths including this delivery) **FIFTH** (first, second, third, etc.)
 7. WEIGHT AT BIRTH **3450** grams

8. MAIDEN NAME (First) **MELISSA** (Middle) **FLORES** (Last) **RALLOS**

9. CITIZENSHIP **FILIPINO** 10. RELIGION **ROMAN CATHOLIC**

11. Total number of children born alive: **5**
 12. No. of children still living including this birth: **5**
 13. No. of children born alive but are now dead: **0**

14. OCCUPATION **HOUSEKEEPER** 15. Age at the time of this birth: **26** years

16. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
269 DAISY ST., V/G SUBD., CONSOLACION, CEBU

17. NAME (First) **CHRISTIAAN LOUIS** (Middle) **VAÑO** (Last) **SABELLO**

18. CITIZENSHIP **FILIPINO** 19. RELIGION **ROMAN CATHOLIC**

20. OCCUPATION **CALL CENTER AGENT** 21. Age at the time of this birth: **32** years

22. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

23. ATTENDANT 1 Physician 2 Nurse 3 Midwife **X** 4 Healer (Traditional Midwife) 5 Others (Specify)

24. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at **9:04 PM** a'clock am/pm on the date stated above.

Signature **Margarita F. Duhas** Address **96-J GORORDO AVENUE, KAMPUTHAW, CEBU CITY, CEBU**
 Name in Print **MARGARITA F. DUHAC**
 Title or Position **REGISTERED MIDWIFE** Date **OCTOBER 07, 2009**

25. INFORMANT Signature **Christiaan Louis V. Sabello** Address **269 DAISY ST., V/G SUBD., CONSOLACION, CEBU**
 Name in Print **CHRISTIAAN LOUIS V. SABELLO**
 Relationship to the child **FATHER** Date **OCTOBER 07, 2009**

26. PREPARED BY Signature **Kristine F. Codera**
 Signature **Oscar R. Molo**
 Name in Print **KRISTINE F. CODERA** Name in Print **OSCAR R. MOLO**

For OCSG USE ONLY
 Population Reference No.

NO TO BE FILLED AT THE OFFICE OF THE CIVIL REGISTRAR

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AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, CHRISTIAAN LOUIS VANO SABELLO and MELISSA FLORES RALLOS

parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

[Signature]
(Signature of Father)

[Signature]
(Signature of Mother)

Community Tax No. 11348286
Date Issued 10-26-09
Place Issued CEBU CITY, CEBU

Community Tax No. _____
Date Issued _____
Place Issued _____

NOV 04 2009

SUBSCRIBED AND SWORN to before me this _____ day of _____

at ROLANDO C. GRAPA, Philippines.

ROLANDO C. GRAPA
NOTARY PUBLIC
UNTIL DEC. 31, 2010

Doc. No. 757
Page No. 72
Book No. 477
Series at 200
a

(Title/Designation)

(Address)

ATTY'S REG. NO. 20884 3-21-66
PTR NO. 8508791-15/09 CEBU CITY
IBP NO. TR NO. 754003-12-5-08 CEBU CITY
(Name in Print)

Not applicable for births before 27 February, 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, CHRISTIAAN LOUIS VANO SABELLO, of legal age, single/married and with residence and postal address at _____ after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of _____
2. That I/he/she was born on _____ at _____
3. That I/he/she was attended at birth by _____ who resides at _____
4. That I/he/she is a citizen of _____
5. That my/his/her parents were married on _____ at _____ not married but was acknowledge by my/his/her father whose name is _____
6. That the reason for the delay in registering my/his/her birth was due to _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. (For the applicant only) That I am married to _____ (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)

Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this 04 NOV 2009

at _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)