OFFICE OF THE CIVIL REGISTRAR GENERAL GERTIFICATE OF LIVE BIRTH Registry No. Province 2019 33994 CEBU CITY City/Municipality 1. NAME (First) CABALLES **BAÑARES** MICHAELLA VENICE (Day) 3. DATE OF (Month) 2. SEX (Male / Female) C RIRTH FEMALE DECEMBER 2019 (Province) (City/Municipality) (Name of Hospita House No. St. B 4 PLACE OF CEBU 1 BIRTH MARY CLAIRE MATERNITY CLINIC TINAGO, CEBU CITY 5b. IF MULTIPLE BIRTH, CHILD WAS 5c. BIRTH ORDER (Order of this birth to 6. WEIGHT AT BIRTH 5a. TYPE OF BIRTH (First, Second, Third, etc.) previous live births inc (First, Second, Thi uding fetal death) (Single, Twin, Triplet, etc.) 2,900 grams SINGLE N/A SECOND (Middle) (Last) MICHELLE DICHOS CABALLES M 9. RELIGION/RELIGIOUS SECT 8 CITIZENSHIP 0 FILIPINO ROMAN CATHOLIC T 12. AGE at the time of this 10a. Total number of 10b. No. of children still 10c. No. of children born 11. OCCUPATION alive but are now dead birth (completed year children born alive living including this birth E 0 2 2 CALL CENTER AGENT 25 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) PHILIPPINES KAMPUTHAW **CEBU CITY** CEBU (Last) (Middle) (First) 14. NAME F RONEL **ALEGRIA** BAÑARES A 16. RELIGION/RELIGIOUS SECT 18. AGE at the time of this 17. OCCUPATION 15. CITIZENSHIP T birth (completed year 24 ROMAN CATHOLIC H PIPES FITTER FILIPINO E 19. RESIDENCE (House No., St., Barangay) (Province) (City/Municipality) (Country) KAMPUTHAW **CEBU CITY** CEBU **PHILIPPINES** MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.) 20b. PLACE (City / Municipality) (Province) (Month) (Day) (Year) **NOT MARRIED NOT MARRIED** 21a. ATTENDANT _____4 Hilot (Traditional Birth Attendant) ______5 Others (Specify) ___1 Physician _____ 2 Nurse X 3 Midwife 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that Vattended the birth of the child who was born alive at 12:42 AM am/pm on the date of birth specified above. TINAGO, CEBU CITY, CEBU Address MARIA LUZP. VILLAGONZALO MIDWIFE **DECEMBER 17,2019** Date Title or Position 23. PREPARED BY 22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Watallie Signature MARIA LUZ P. VILLAGONZALO MICHELLE DICHOS CABALLES Name in Print Name in Print MIDWIFE Relationship to the Child MOTHER Title or Position Address KAMPUTHAW, CEBU CITY **DECEMBER 17,2019 DECEMBER 17,2019** 25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR 24. RECEIVED BY Signature _ Signature LUZ N. CUGAY Name in Print LOUELLA N. DEJITO Name in Print **Administrative Aide III** Title or Position Registration Officer III Date DEC 2 7 2019
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) DEC 2 7 2019

MICHELLE D. CABALLES	THE PRINCIPLES	
	and MICHAELLA VENICE C. BAÑARES	
of legal age, am/a pettemBena17,2009 and/or father of MA	RY CLAIRE MATERNITY CLINIC	who was
LONGER MALLY	The state of the s	
I am I We are excepted the arganit to attent to the	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
acknowledging my/AONELCA BANARES	e truthfulness of the foregoing stational and for pur	poses of
23ANASE	MICHELLE D.CABALLES	
(Signature Over Printed Name of Father)	(Signature Over Printed Name of Mother)	
8702 × 3.05-40	2 3 DEC 2019	
SUBSCRIBED AND SWORN to before the this		
10932 Typing	day of	by
CTC/valid ID CEBU CITY, CEBU	NOVEMBER 25, 200 tiged to me his	/her
OCS CEBO CITY, CEBO / 100	issued on	at
Mataly Public for Display Province		
Con Bids Jellow St. Cebu Cit		
*TR 16 1651357/ 10-18 / Orbu City		
IDP No. 62 Signature of the Administering Officer	Position Williams	
MRE Compliance No. Vi-0003640	Position Mae Designation	
Name in Print	Address = 20 19	
CARLED VITE A COMPANY	224.454 132 50 17	
AFFIDAVIT FOR DELAYED	REGISTRATION OF BIRTH	
(To be accomplished by the hospital/clinic administrator, father, m	other, or guardian or the person himself if 18 years old or over	r.)
	of local and similar and all the state of th	
EARARLS EARARLS	, of legal age, single/married/divorced/widow/widow	er, with
residence and postal address at	Shirt and the same of the same	AL
after having been du	ly sworn in accordance with law, do hereby depose a	and sav.
That I am the applicant for the delayed registration.		and Say.
That I am the applicant for the delayed registration	or and advantage of the second	
my birth in	on the same of the	
the birth of	Substantia in the second second second	
	who was born in	
on manages to last	.THERADAPARA	
2. That I/he/she was attended at birth by	who re	sides at
That I am/he/she is a citizen of	A CHARLES OF A CHA	
4. That my/his/her parents were married on	at which is a second of the se	
That my morner parents note	A STATE OF THE STA	
1835 YTC 1833 COMP (7 7 7 7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1	
not married	but I/he/she was acknowledged/not acknowledged by my/h	nis/her
father wh	ose name is	
5. That the reason for the delay in registering my/his/	her birth was	
	TO A STATE OF THE	
6. (For the applicant only) That I am married to	to a second second	
(If the applicant is other than the document owner)	That I am the of the said pe	erson.
7. That I am executing this affidavit to attest to the truthful	ness of the foregoing statements for all legal intents and p	urposes.
CARROLL AND A CONTRACT OF THE	deviate A. I	
In truth whereof, I have affixed my signature below this		000
at	AAOUS AS D. Philippin	185.
OTELBOOM A.D. STEEL	Administrative Alde H	
HALL BEARING BEARING TO	COLUMN TO STREET STREET	1 300
	(Signature Over Printed Name of Affiant	t) was e
		REMA
SUBSCRIBED AND SWORN to before me this	day of	at