



(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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.)

109

Province CEBU Registry No. 98 18592  
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)  
ANDREA MARCELLE SANCHEZ CABRATAN

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)  
19 JULY 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)  
METRO CEBU COMMUNITY HOSPITAL, CEBU CITY, CEBU

5a. TYPE OF BIRTH X 1 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) (first, second, third, etc.) FIRST d. WEIGHT AT BIRTH 3125 grams

6. MAIDEN NAME (First) (Middle) (Last)  
APRIL ANN SANCHEZ CABRATAN

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

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

10. OCCUPATION STUDENT 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
FR. JOSE BOSCH ST., NAZARENO, MERICAN ROAD, CEBU CITY

13. NAME (First) (Middle) (Last)  
KORISEE REY JONAS AN DANDAN

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION STUDENT 17. Age at the time of this birth: 20 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 \_\_\_\_\_  
4 Midwife (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 5:15 P.M. o'clock am/pm on the date stated above.

Signature \_\_\_\_\_ Address C/O MCON, BRDG CITT  
Name in Print TERESA ROSAS GATARDO, M.D.  
Title or Position ATTENDING PHYSICIAN Date JULY 22, 1998

20. INFORMANT  
Signature \_\_\_\_\_ Address FR. JOSE BOSCH ST., NAZARENO ROAD, CEBU CITY  
Name in Print KORISEE REY DANDAN  
Relationship to the child FATHER Date JULY 22, 1998

21. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print NOEL CATAMBRA  
Title or Position CLERK  
Date JULY 22, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print \_\_\_\_\_  
Title or Position \_\_\_\_\_  
Date 8/2/98

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*CSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





For births before 3 August 1985/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, KOSHEL REY DARDAN and APRIL ANN CABINATAN 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 of Father: [Signature] Signature of Mother: \_\_\_\_\_  
Community Tax No. 2551244 Community Tax No. \_\_\_\_\_  
Date Issued 8-3-98 Date Issued \_\_\_\_\_  
Place Issued Urdaneta City Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 03 day of August 1998 at \_\_\_\_\_, Philippines.

Signature of Administering Officer: [Signature] Title/Designation: \_\_\_\_\_  
Name in Print: CLARENCE M. OMINAL Book No. VII  
Address: \_\_\_\_\_

Not applicable for births before 27 February 1991

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 15 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 acknowledged 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 \_\_\_\_\_ at \_\_\_\_\_, Philippines.

Signature of Administering Officer: \_\_\_\_\_ Title/Designation: \_\_\_\_\_  
Name in Print: \_\_\_\_\_ Address: \_\_\_\_\_

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*CDSM*

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