

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

Province **CEBU** City/Municipality **CEBU CITY** Registry No. **2015 11941**

C H I L D

1. NAME (First) **LOUISE MARIE** (Middle) **ZARATE** (Last) **OMANDAM**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **30** (Month) **APRIL** (Year) **2015**
4. PLACE OF BIRTH (Name of Hospital, Clinic, etc.) (City/Municipality) **VIKAYAS COMMUNITY MEDICAL CENTER, OSMEÑA BLVD., CEBU CITY** **CEBU**
5a. TYPE OF BIRTH (Single, Twin, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (First, Second, Third, etc.) **FIRST** 5d. WEIGHT AT BIRTH **3100** grams

M O T H E R

7. MOTHER NAME (First) **SHIELA MARIE** (Middle) **GARCIA** (Last) **ZARATE**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
10a. Total number of children born alive **1** 10b. No. of children still being reared by the birth **1** 10c. No. of children born dead but are now dead **0** 11. OCCUPATION **ESL TEACHER** 12. AGE at the time of the birth (completed years) **36**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **SAN MIGUEL, APAS LAHUG, CEBU CITY** **CEBU** **PHILIPPINES**

F A T H E R

14. NAME (First) **RUFINO JR.** (Middle) **ENCABO** (Last) **OMANDAM**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **BPO AGENT** 18. AGE at the time of the birth (completed years) **32**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **SAN MIGUEL, APAS LAHUG, CEBU CITY** **CEBU** **PHILIPPINES**

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

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

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)
I hereby certify that I attended the birth of the child who was born alive at **5:52 P.M.** o'clock on the date of birth specified above.

Signature **Clarita B. Alcantara, M.D.** Address **C/O VISAYAS COMMUNITY MEDICAL CENTER, CEBU CITY**
Name in Print **CLARITA B. ALCANTARA, M.D.** Title or Position **ATTENDING PHYSICIAN**
Date **MAY 4, 2015**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature **Shiela Marie G. Zarate** 23. PREPARED BY
Name in Print **SHIELA MARIE G. ZARATE** Signature **Madelyn P. Jumag-As**
Relationship to the Child **MOTHER** Name in Print **MADELYN P. JUMAG-AS**
Address **SAN MIGUEL, APAS LAHUG, CEBU CITY** Title or Position **MRD STAFF**
Date **MAY 4, 2015** Date **MAY 4, 2015**

24. RECEIVED BY
Signature **Luz N. Cugay** 25. REGISTERED BY THE CIVIL REGISTRAR
Name in Print **Luz N. CUGAY** Signature **Henry P. Tomaladgad**
Title or Position **ADMINISTRATIVE AIDE III** Name in Print **HENRY P. TOMALADGAD**
Date **07 MAY 2015** Title or Position **ASST. CITY CIVIL REGISTRAR**
Date **07 MAY 2015**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY
(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, RUFINO JR. E. OMANDAM and SHIELA MARIE G. ZABATE
of legal age, am/are the natural mother and/or father of LOUISE MARIE Z. OMANDAM, who was
born on APRIL 30, 2015 at VISAYAS COMMUNITY MEDICAL CENTER, CEBU 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.

RUFINO JR. E. OMANDAM
(Signature Over Printed Name of Father)

SHIELA MARIE G. ZABATE
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this MAY 05 2015
RUFINO JR. E. OMANDAM day of _____ by
Community Tax Cert. No. 19809968

SHIELA MARIE G. ZABATE who exhibited to me (his/her)
issued on APRIL 6, 2015 at _____

NOTARY PUBLIC
ALBERTINO P. MAIA, JR.
Notary Public for Cities and Province
UNTIL DECEMBER 31, 2016
10 Lam Bldg. D. Jakosalem St., Cebu City
IBP# 701553/12-02-14/Cebu City
PTR# 5559237/C1-05-13/Cebu City
ROLL NO. 24174 & THE 14034824
Tel No. 412-1675 & CP # 0815-507-977
CIVIL COMPLETE

JUC. NO. 121
PAGE NO. 24
BOOK NO. 14
SERIES OF 2015
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:

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 _____
- not married but I/he/she was acknowledged/not acknowledged by my/his/her
father whose name is _____

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 _____
at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ a
_____, Philippines, affiant who exhibited to me his Community Tax Cert
issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address