

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2016 11364**  
City/Municipality **CEBU CITY**


**CHILD**  
1. NAME (First, Middle, Last) **SOPHIA MARLAE ZABATE OMANDAM**  
2. SEX (Male, Female) **FEMALE**  
3. DATE OF BIRTH (Day, Month, Year) **26 APRIL 2016**  
4. PLACE OF BIRTH (Name of Hospital, Health Center, etc.; City/Municipality, Province) **VISAYAS COMMUNITY MEDICAL CENTER, OSMEÑA BLVD., CEBU CITY CEBU**  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE**  
5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) **N/A**  
5c. BIRTH ORDER (First, Second, Third, etc.) **2ND**  
6. WEIGHT AT BIRTH **3,300 grams**


**MOTHER**  
7. MOTHER NAME (First, Middle, Last) **SHIELA MARIE GARCIA ZABATE**  
8. CITIZENSHIP **FILIPINO**  
9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
10a. Total number of children born alive **2**  
10b. No. of children still living including this birth **2**  
10c. No. of children, born alive that are now dead **0**  
11. OCCUPATION **ESL TEACHER**  
12. AGE at the time of the birth (Completed years) **37**  
13. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) **BAHAYAN 7, LUINAB, ILIGAN CITY PHILIPPINES**




**FATHER**  
14. NAME (First, Middle, Last) **RUFINO JR. ENCABO OMANDAM**  
15. CITIZENSHIP **FILIPINO**  
16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
17. OCCUPATION **CALL CENTER AGENT**  
18. AGE at the time of the birth (Completed years) **33**  
19. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) **BAHAYAN 7, LUINAB, ILIGAN CITY PHILIPPINES**

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

21a. ATTENDANT  
 1. Physician  2. Nurse  3. Midwife  4. Healer (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 **7:56 P.M.** on the date of birth specified above.  
Signature:   
Name in Print: **HELINDA N. PAÑARES, M.D.**  
Title or Position: **ATTENDING PHYSICIAN**  
Address: **C/O VISAYAS COMMUNITY MEDICAL CENTER CEBU CITY**  
Date: **APRIL 27, 2016**

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature:   
Name in Print: **SHIELA MARIE G. ZABATE**  
Relationship to the Child: **MOTHER**  
Address: **BAHAYAN 7 LUINAB, ILIGAN CITY**  
Date: **APRIL 27, 2016**

23. PREPARED BY  
Signature:   
Name in Print: **MADELYN P. JUMAO-AS**  
Title or Position: **MRD STAFF**  
Date: **APRIL 27, 2016**  
24. RECEIVED BY  
Signature:   
Name in Print: **LUZ N. CUGAY**  
Title or Position: **ADMINISTRATIVE AIDE III**  
Date: **29 APR 2016**  
25. REGISTERED BY THE CIVIL REGISTRAR  
Signature:   
Name in Print: **ROSER TO ALACAG**  
Title or Position: **ASST. DIR. OF REGISTRATION**  
Date: **29 APR 2016**

REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

(For births before 3 August 1986)

(For births on or after 3 August 1986)

I/We, RUFINO E. OMANDAM JR. and SHIELA MARIE G. ZABATE  
legal age, am/are the natural mother and/or father of SOPHIA MARIAE Z. OMANDAM who was  
born on APRIL 26, 2016 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 E. OMANDAM JR.  
(Signature Over Printed Name of Father)

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

**APR 28 2016**

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ by  
RUFINO E. OMANDAM JR. and SHIELA MARIE G. ZABATE who exhibited to me (his/her)

Community Tax Cert No. 2379665 issued on APRIL 20, 2016 at \_\_\_\_\_

Chito S. Pantaleon  
**ATTY. CHITO S. PANTALEON**  
NOTARY PUBLIC  
UNTIL DEC. 2017  
Signature of the Administering Officer  
**PTR NO. 892550-2/10 CEBU CITY**  
**ROLL NO. 46969**  
**MCLE COMP. NO. IV-0023007/2-10-2014**

**DOC. NO.** 201  
**PAGE NO.** 1  
**BOOK NO.** \_\_\_\_\_  
**SERIES OF** 10  
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:

- That I am the applicant for the delayed registration of:
  - my birth in \_\_\_\_\_ on \_\_\_\_\_
  - the birth of \_\_\_\_\_ who was born in \_\_\_\_\_ on \_\_\_\_\_
- That I/he/she was attended at birth by \_\_\_\_\_ who resides \_\_\_\_\_
- That I am/he/she is a citizen of \_\_\_\_\_
- 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 \_\_\_\_\_
- That the reason for the delay in registering my/his/her birth was \_\_\_\_\_
- (For the applicant only) That I am married to \_\_\_\_\_ of the said person  
(If the applicant is other than the document owner) That I am the \_\_\_\_\_
- 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 \_\_\_\_\_, Philippines.  
at \_\_\_\_\_  
(Name of Affiant)