



(Copy for OCR)

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.)

Municipal Form No. 100
 Revised January 2001

Province CEBU City/Municipality CEBU CITY Register No. 99 30031

1. NAME (First) (Middle) (Last)
RINA MAE BORDONES

2. SEX
 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
26 NOVEMBER 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
HERCIN IN ACTION MATERNITY CLINIC 73-B GEN. SCHAUVEZ, CEBU CITY.

5a. TYPE OF BIRTH
 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS
 1 First 2 Second 3 Other, Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)
FIRST

d. WEIGHT AT BIRTH
3600 grams

6. MARDEN NAME (First) (Middle) (Last)
JOSEPHINE DARADAR BORDONES

7. CITIZENSHIP FILIPINO **8. RELIGION** ROMAN CATHOLIC

9a. Total number of children born alive: 01 **b. No. of children still living including this birth:** 01 **c. No. of children born alive but are now dead:** 00

10. OCCUPATION HOUSEKEEPER **11. Age at the time of this birth:** 26 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
370-KATIPUNAN ST. LABANGON CEBU CITY.

13. NAME (First) (Middle) (Last)
RAUL PARTOGA BULO

14. CITIZENSHIP FILIPINO **15. RELIGION** ROMAN CATHOLIC

16. OCCUPATION CAMERAMAN **17. Age at the time of this birth:** 30 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
 1 Physician 2 Nurse 3 Midwife
 4 Healer (Traditional Healer) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 10:20 PM o'clock am/pm on the date stated above.

Signature APRILYN R. BUCAY Address 73-B GEN. SCHAUVEZ ST. LABANGON, CEBU CITY.
 Name in Print APRILYN R. BUCAY Date 26 NOVEMBER 1999
 Title or Position MIDWIFE

20. INFORMANT
 Signature JOSEPHINE BORDONES Address 370-KATIPUNAN ST. LABANGON CEBU CITY.
 Name in Print JOSEPHINE BORDONES Date 26 NOVEMBER 1999
 Relationship to the child Mother

21. PREPARED BY
 Signature ROSMA X. MARAVILLON
 Name in Print ROSMA X. MARAVILLON
 Title or Position Secretary
 Date 26 NOVEMBER 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature CLAIRE DENNIS S. MAPA
 Name in Print CLAIRE DENNIS S. MAPA
 Title or Position National Statistician and Civil Registrar General
 Date DEC 3 1999

REMARKS/ANNOTATION

For OCR USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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MS EXTRACTOR
 Date: 04/17/2012 10:34:20 AM

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS RAUL P. BULO AND JOSEPHINE D. BORDONES ON JULY 22, 2002
 AT CEBU CITY UNDER REGISTRY NUMBER 2004-2139. THE CHILD SHALL BE KNOWN AS: RINA MAE BORDONES BULO

07965-A8-400BLA-00374-BI001

BEST POSSIBLE IMAGE



T400079654000037410222021001
 CP900485181

BReN
 02217-A99XS1X-9

Documentary
 Stamp Tax Paid

CSM

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





For births before 3 August 1986/08 or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

Wife, BALE SANTIAGA BULO and JOSEPHINE TERESA BULOG 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 my knowledge and belief.

[Signature]
(Signature of Father)

(Signature of Mother)

Community Tax No. 3768814

Community Tax No. _____

Date issued 15 January 1999

Date issued _____

Place issued Cebu City

Place issued _____

SUBSCRIBED AND SWORN to before me this 15 day of _____, Philippines.

(Signature of Administering Officer)
[Name]
(Name in Print)

(Title/Designation)
OFFICER IN CHARGE
OFFICE OF THE CIVIL REGISTRAR
CITY OF CEBU
(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 15 day of January, Philippines.

(Signature of Administering Officer)
[Name]
(Name in Print)

(Title/Designation)
[Address]
(Address)

07965-A8-400BLA-00374-BI001
BEST POSSIBLE IMAGE

T400079654000037410222021001
CP100485180

BRen
02217-A99XS1X-9
Documentary
Stamp Tax Paid

[Signature]
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

