OB	unicipal Form No. 1 avised August 2016	5)	OFFICE OF	Republic of the THE CIVIL RE	GISTRAR	E BIRTH	ned in quadruplicate using	g blac
Pro	ovince	Cebu				Registry No		
Cit	ty/Municipality_	Cebu City					20 16428	
	1. NAME	ARIA		(Middle)			Last) LI	
C	2. SEX (Male / Fer		3. DATE OF BIRTH		Day) 10	(Month) August	(Year) 2020	
H	4. PLACE OF BIRTH	(Name of Hospital/ House No. St. Ba Cebu North C	Clinic/Institution/ trangay) eneral Hospit	al Inc. Kausy	ty/Municipality	Talamban, Cebu	(Province)	
70	5a. TYPE OF BIRTH (Single, Twin, Tripl		5b. IF MULTIPLE (First, Second	BIRTH, CHILD W	AS 50 BIR	TH ORDER (Order of the two births including fotel death scond, Third, etc.)	6. WEIGHTAT	
	7. MAIDEN	(First)		(Middle)		First	2,807	gra
M	NAME	CHERRYLYN		FAMADOR			PIÑA	
	8. CITIZENSHIP	Filipino		9	RELIGIONAL Roman C	ELIGIOUS SECT	THE PARTY	
T	10a, Total number of	10b. No. of childre	en still 10c. No. c	of children born	11. OCCUPATI		12. AGE at the	
	children born alive			but are now dead	Admin Sta		birth (com	
R	13. RESIDENCE	(House No., St., B	larangay)	(City/Munic	VICTOR & CO. CO. CO.	(Province)	(Country)	
	U	pper Bacayan		Cebu City		Cebu	Philippines	
F	14. NAME	(First)		(Middle)			(Last)	
A	16 OCTUBE NO US	STARKY LYE		OPERARIO		GEL	I 18. AGE at the	
T	15. CITIZENSHIP	NAME OF THE OWNER OWNER OF THE OWNER O	6. RELIGION/RELI	GIOUS SECT	17.000	UPATION	18. AGE at the birth (comple	
HE	is and	Filipino		Catholic		Salesman	27	
R	19. RESIDENCE	(House No., St., E Ipper Bacayan	Sarangay)	(City/Muni	icipality)	(Province)	(Country) Philippines	
	DATE (Mon		THE RESERVE OF THE PARTY OF THE	b. PLACE (CI	ty / Municipality N	lot Applicable		
21a	ATTENDANT 1 Physician	Not Married 2 Nurse	(Year) 20	4 Hilot (Tra	ty / Municipality N Iditional Birth Attendality at 9:46	(Province tot Applicable ttendant) 5 0 sant/Hitct.etc.) 6 PM am/pm on t	e) (Country) thers (Specify) the date of birth specified	above
21a X 21b	ATTENDANT 1 Physician	Not Married 2 Nurse OF ATTENDANTAT erlify that I attended	(Year) 20 3 Midwife BIRTH (Physician, the birth of the ct	b. PLACE (Ci	ty / Municipality N Inditional Birth Atlanta Inditional Birth Atlan	(Province lot Applicable Ittendant) 5 0 Individual teles BPM amipm on t J North General H	e) (Country) thers (Specify) the date of birth specified	above
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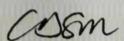
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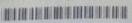
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CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority



	ACKNOWLEDGMENT/A	DMISSION OF PATERNITY Signal
(For births b	efore 3 August 1988)	(FOR DILLIES CILI DI MINTEL 2 LONGON 1999)
I/We, Stark	y Lyell O. Geli and and and/or father of	Cherrylyn F. Lapiña Aria Lapiña Geli
onAugust 10, 202	0 at Cebu North G	eneral Hospital, Inc.
I am / We are executing this	affidavit to attest to the truthfuln	ness of the foregoing statements and for purp
owledging my/our child	XML	U.
Starty Lypi	9. Gell	Cherrylyn F. Lapiña
(Signature Over Printed Name)		(Signature Over Printed Name of Mother)
118	09-03	
	to before me this day	
Starky Lyell O. G	eli and Cherrylyn	E Lapiña , who exhibited to me his
Walid ID CRN-0111-79 Mandaue Cri	941083-4 issu	ed off
Must.	Ue-	
ATTY DOMINICA	DINO	DOC. NO274
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signering the Administra	Proceember 30,2020	Position Price Of No Mandard SERIES OF 20.20
TNS Name in Print		Address
AFEIDAY	I FOR BELLAVED BECK	TRATION OF PIRTH
ddress D. Jako Maria Na no be accomplished by the hospital no. 09088844981/0942480	clinic administrator, father, mother, or g	TRATION OF BIRTH guardian or the person himself if 18 years old or over
		egal age, single/married/divorced/widow/widowe
dence and postal address at		ATTACK TO SERVICE AND A SERVIC
	after having been duly sworn	in accordance with law, do hereby depose an
That I am the applicant for	r the delayed registration of:	
my birth in		on
		who was born in
	on	
2. That I/he/she was attend	ded at birth by	who resid
3. That I am/he/she is a c	itizen of	
4. That my/his/her parents v	vere married on	atat
	not married but I/he/s	the was acknowledged/not acknowledged by my/his/l
		ne is
	eay in registering my/his/her birth	was
5. That the reason for the de		
	That I am married to	
6. (For the applicant only)	That I am married to	
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6. (For the applicant only) (If the applicant is other th	nan the document owner) That I address of the	am the of the said person for all legal intents and purpose foregoing statements for all legal intents and purpose.
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CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

Republic of the Philippines PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

OR No. 220401-400-45-MDG-00013 LAPINA. CHERRYLYN F.

AMOUNT

Tran No. 08126-400-00186-001
ARIA L GELI 08/10/2020
COPY ISSUANCE - BIRTH CERTIFICATE
Unit Cost: 155.00 Qty: 155.00

TOTAL 155.00
CHANGE
0 1 APR 2022
CASH

INCLUDES DOCUMENTARY STAMP TAX OF

Collecting Officer: GUTIEREZ, MARIVIC D.

Date-Time: 04/01/2022 07:44:01AM