



Municipal Form No. 102  
Revised January 2007

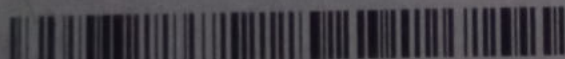
Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

(Completed in quadruplicate using black ink)

Province <b>Bohol</b>		Registry No. <b>2013-5269</b>	
City/Municipality <b>Tagbilaran City</b>			
1. NAME (First) (Middle) (Last) <b>ZARAH DOMINIQUE ELLORIMO</b>			
2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>31 AUGUST 2013</b>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>GOV. CELESTINO GALLARES MEMORIAL HOSPITAL, TAGBILARAN CITY, BOHOL</b>			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N/A</b>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>3289 grams</b>
7. MOTHER NAME (First) (Middle) (Last) <b>JESSA MAE BERNANTE ELLORIMO</b>			
8. CITIZENSHIP <b>Filipino</b>		9. RELIGION/RELIGIOUS SECT <b>Iglesia Ni Cristo</b>	
10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>None</b>
12. AGE at the time of this birth (completed years) <b>20</b>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>Poblacion I Mabini Bohol Philippines</b>			
14. NAME (First) (Middle) (Last) <b>UNKNOWN</b>			
15. CITIZENSHIP <b>N/A</b>		16. RELIGION/RELIGIOUS SECT <b>N/A</b>	
17. OCCUPATION <b>N/A</b>		18. AGE at the time of this birth (completed years) <b>N/A</b>	
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>N/A N/A N/A N/A</b>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) <b>N/A</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>N/</b>	
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilol (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilol, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>2:16 PM</b> on the date of birth specified above.			
Signature _____ Name in Print <b>JANE MARIE G. ZAROTIZA-EGAM, MD</b>		Address <b>GCGMH, Tagbilaran City, Bohol</b>	
Title of Position <b>Medical Officer III</b>		Date <b>September 2, 2013</b>	
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 <b>JESSA MAE B. ELLORIMO</b> Relationship to the Child <b>Mother</b> Address <b>Mabini, Bohol</b> Date <b>September 2, 2013.</b>		23. PREPARED BY Signature _____ Name in Print <b>LEONARDA D. BODIONGAN, RM</b> Title or Position <b>Nursing Attendant I</b> Date <b>September 2, 2013.</b>	
24. RECEIVED BY Signature _____ Name in Print <b>GLORIA A. TIGNO</b> Title or Position <b>Registration Officer II</b> Date <b>October 29, 2013</b>		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <b>VIRGILIA S. INCOG</b> Title or Position <b>City Civil Registrar</b> Date <b>October 29, 2013</b>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) <b>DELAYED REGISTRATION</b>			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
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*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority



Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province	<b>CEBU</b>	Registry No.	<b>2019 05054</b>
City/Municipality	<b>CEBU CITY</b>		

<b>CHILD</b>	1. NAME (First) (Middle) (Last) <b>AURIANNE JAYNE ELLORIMO</b>		
	2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>10 FEBRUARY 2019</b>	
	4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution, House No., St., Barangay) (City/Municipality) (Province) <b>PERLITA S. LATOY FAMILY MIDWIFE CLINIC CEBU CITY CEBU</b>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N/A</b>	5c. BIRTH ORDER (Order of this birth or previous live births excluding fetal deaths) (First, Second, etc.) <b>SECOND</b>

<b>MOTHER</b>	7. MAIDEN NAME (First) (Middle) (Last) <b>JESSA MAE BERNANTE ELLORIMO</b>		
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>IGLESIA NI CRISTO</b>
	10a. Total number of children born alive <b>02</b>	10b. No. of children still living including this birth <b>02</b>	10c. No. of children born alive but are now dead <b>00</b>
	11. OCCUPATION <b>CALL CENTER AGENT</b>		12. AGE at the time of this birth (completed years) <b>25</b>

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>CABANTAN ST. BARRIO LUZ CEBU CITY CEBU PHIL.</b>
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<b>FATHER</b>	14. NAME (First) (Middle) (Last) <b>UNKNOWN</b>		
	15. CITIZENSHIP <b>N/A</b>	16. RELIGION/RELIGIOUS SECT <b>N/A</b>	17. OCCUPATION <b>N/A</b>
	18. AGE at the time of this birth (completed years) <b>N/A</b>		
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>N/A N/A N/A</b>		

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) <b>N/A</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>N/A</b>
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21a. ATTENDANT

1 Physician  2 Nurse  **X** 3 Midwife  4 Hilot (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 **02:13 P.M.** am/pm on the date of birth specified above.

Signature 	Address <b>JAI ALAI, C. PADILLA ST. CEBU CITY</b>
Name in Print <b>MELODINA CABAJAR</b>	Date <b>FEBRUARY 11, 2019</b>
Title or Position <b>RM</b>	

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  
**JESSA MAE B. ELLORIMO**

Relationship to the Child  
**MOTHER**

Address  
**CABANTAN ST. BARRIO LUZ, CEBU CITY**

Date  
**FEBRUARY 11, 2019**

23. PREPARED BY

Signature

Name in Print  
**PERLITA S. LATOY**

Title or Position  
**RM**

Date  
**FEBRUARY 11, 2019**

24. RECEIVED BY

Signature

Name in Print  
**LUZ N. CUGAY**

Title or Position  
**ADMINISTRATIVE AIDE III**

Date  
**FEB 28 2019**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature

Name in Print  
**PHIL P. A. MEGABOL**

Title or Position  
**REGISTRATION OFFICER IV**

Date  
**FEB 28 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)