

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

REMARKS/ANNOTATION

Province MISAMIS ORIENTAL
City/Municipality CAGAYAN DE ORO CITY

Registry No. dev-17,803

1. NAME (First) JOHN ALLEN (Middle) OARL (Last) TROFILO

2. SEX X 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) 20 NOVEMBER 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) UDB Maternity Children's Ho & Puericulture Center, Cagayan de Oro City, Misamis Oriental

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.) 1st d. WEIGHT AT BIRTH 3,300 grams

6. MAIDEN NAME (First) ANN LYN (Middle) ANAY (Last) TROFILO

7. CITIZENSHIP Natural Born Filipino 8. RELIGION Baptist

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION EMPLOYEE 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) Zone 2 Poblacion, El Salvador Misamis Oriental (City/Municipality) (Province)

13. NAME (First) ROGER CHARLES (Middle) SERRANO (Last) UBAUB

14. CITIZENSHIP Natural Born Filipino 15. RELIGION Baptist

16. OCCUPATION STUDENT 17. Age at the time of this birth: 20 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) APRIL 24, 2004 - Cagayan de Oro City

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child on 20 NOV 2004 at 12:25 PM o'clock am/pm on the date stated above.

Signature [Signature] Name in Print DIWANAG MARICHU S. SAMITAC Title or Position Attending Physician



20. INFORMANT Signature [Signature] Name in Print ROGER CHARLES S. UBAUB Relationship to the child Father Address Zone 2 Poblacion El Salvador Mis Or Date Nov. 25, 2004

21. PREPARED BY Signature [Signature] Name in Print KRISTINA Z. ACAYLAR Title or Position Records Officer Date Nov. 26, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature [Signature] Name in Print NORMA S. DEPUTADO Title or Position CITY CIVIL REGISTRAR Date 02 DEC 2004

For OCRO USE ONLY: Population Reference No.

2004178

201104

43059

010300

101049

010100

X20 25

10079

220 20

0434207 00804207

12022004

04332-E8-701HBO-00155-BI005

BEST POSSIBLE IMAGE



0104332701001551112011005

BReN
04305-B04WL0L-0

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office