

(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)

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.)

Province CEBU Registry No. 2010022297  
City/Municipality CEBU CITY

**REMARKS/ANNOTATION**  
**OUT OF TOWN  
DELAYED REGISTRATION**  
Registered pursuant to Rule 20,  
adm. order no. 1 series of 1993.

CHILD	1. NAME (First) (Middle) (Last) <u>RIZALINA</u> <u>VEGA</u> <u>DEMOL</u>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/> 11. <input type="checkbox"/> 12. <input type="checkbox"/> 13. <input type="checkbox"/> 14. <input type="checkbox"/> 15. <input type="checkbox"/> 16. <input type="checkbox"/> 17. <input type="checkbox"/> 18. <input type="checkbox"/> 19. <input type="checkbox"/> 20. <input type="checkbox"/> 21. <input type="checkbox"/> 22. <input type="checkbox"/> 23. <input type="checkbox"/> 24. <input type="checkbox"/> 25. <input type="checkbox"/> 26. <input type="checkbox"/> 27. <input type="checkbox"/> 28. <input type="checkbox"/> 29. <input type="checkbox"/> 30. <input type="checkbox"/> 31. <input type="checkbox"/> 32. <input type="checkbox"/> 33. <input type="checkbox"/> 34. <input type="checkbox"/> 35. <input type="checkbox"/> 36. <input type="checkbox"/> 37. <input type="checkbox"/> 38. <input type="checkbox"/> 39. <input type="checkbox"/> 40. <input type="checkbox"/> 41. <input type="checkbox"/> 42. <input type="checkbox"/> 43. <input type="checkbox"/> 44. <input type="checkbox"/> 45. <input type="checkbox"/> 46. <input type="checkbox"/> 47. <input type="checkbox"/> 48. <input type="checkbox"/> 49. <input type="checkbox"/> 50. <input type="checkbox"/> 51. <input type="checkbox"/> 52. <input type="checkbox"/> 53. <input type="checkbox"/> 54. <input type="checkbox"/> 55. <input type="checkbox"/> 56. <input type="checkbox"/> 57. <input type="checkbox"/> 58. <input type="checkbox"/> 59. <input type="checkbox"/> 60. <input type="checkbox"/> 61. <input type="checkbox"/> 62. <input type="checkbox"/> 63. <input type="checkbox"/> 64. <input type="checkbox"/> 65. <input type="checkbox"/> 66. <input type="checkbox"/> 67. <input type="checkbox"/> 68. <input type="checkbox"/> 69. <input type="checkbox"/> 70. <input type="checkbox"/> 71. <input type="checkbox"/> 72. <input type="checkbox"/> 73. <input type="checkbox"/> 74. <input type="checkbox"/> 75. <input type="checkbox"/> 76. <input type="checkbox"/> 77. <input type="checkbox"/> 78. <input type="checkbox"/> 79. <input type="checkbox"/> 80. <input type="checkbox"/> 81. <input type="checkbox"/> 82. <input type="checkbox"/> 83. <input type="checkbox"/> 84. <input type="checkbox"/> 85. <input type="checkbox"/> 86. <input type="checkbox"/> 87. <input type="checkbox"/> 88. <input type="checkbox"/> 89. <input type="checkbox"/> 90. <input type="checkbox"/> 91. <input type="checkbox"/> 92. <input type="checkbox"/> 93. <input type="checkbox"/> 94. <input type="checkbox"/> 95. <input type="checkbox"/> 96. <input type="checkbox"/> 97. <input type="checkbox"/> 98. <input type="checkbox"/> 99. <input type="checkbox"/> 100. <input type="checkbox"/>	
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>30</u> <u>DECEMBER</u> <u>1962</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU CITY</u> <u>CEBU</u>		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>THIRD</u>	d. WEIGHT AT BIRTH <u>3628</u> grams	
	6. MAIDEN NAME (First) (Middle) (Last) <u>ANASTACIA</u> <u>PAMPLONA</u> <u>VEGA</u>		
	7. CITIZENSHIP <u>FILIPINO</u>	8. RELIGION <u>ROM. CATH.</u>	
	9a. Total number of children born alive: <u>3</u>	b. No. of children still living including this birth: <u>3</u>	
FATHER	10. OCCUPATION <u>HOUSEKEEPER</u>	c. No. of children born alive but are now dead: <u>0</u>	
	11. Age at the time of this birth: <u>27</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>D JAKOALEM ST.</u> <u>CEBU CITY</u> <u>CEBU</u>		
	13. NAME (First) (Middle) (Last) <u>RESTITUTO</u> <u>CABUGWAS</u> <u>DEMOL</u>		
	14. CITIZENSHIP <u>FILIPINO</u>	15. RELIGION <u>ROM. CATH.</u>	
	16. OCCUPATION <u>DRIVER</u>	17. Age at the time of this birth: <u>28</u> years	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOVEMBER 26, 1957</u> @ <u>CEBU CITY</u>		
	19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>X</u> 4 Hilot (Traditional Midwife) <u>5</u> Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:00</u> A.M. o'clock am/pm on the date stated above.			
Signature <u>DK</u> Address <u>CEBU CITY</u> Name in Print <u>TBA</u> <u>CEBU</u> Title or Position <u>TBA</u> Date <u>DEC. 30, 1962</u>			
20. INFORMANT Signature <u>RIZALINA D. TRUJILLA</u> Address <u>J.P. LAUREL ST. BAYBAY CITY, LETTE</u> Name in Print <u>HERSELF</u> Date <u>JUNE 2, 2010</u> Relationship to the child		DATE VERIFIED <u>9/19/20</u>	
21. PREPARED BY Signature <u>NOEL V. MANAGBANAG</u> Address <u>CEBU CITY</u> Name in Print <u>CITY CIVIL REGISTRAR</u> Date <u>JUNE 2, 2010</u> Title or Position		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>OSCAR B. MOLO</u> Address <u>CEBU CITY</u> Name in Print <u>REGISTRATION OFFICER IV</u> Date <u>JUN 25 2010</u> Title or Position	

DATE APPROVED AUG 17 2010

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Documentary  
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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

CERTIFIED PHOTOCOPY OF THE ORIGINAL.

TERESITA C. QUINANOLA  
SUPERVISING ADMINISTRATIVE OFFICER



For births before 3 August 1988/on or after 3 August 1988

## AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, \_\_\_\_\_ and \_\_\_\_\_  
 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 our/my knowledge and belief.

(Signature of Father)

(Signature of Mother)

Community Tax No. \_\_\_\_\_

Community Tax No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 at \_\_\_\_\_, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(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, RIZALINA D. TRUYA, of legal age, single/married  
 and with residence and postal address at J.P. LAUREL ST., BAYBAY CITY, LEYTE  
 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 DECEMBER 30, 1982 at CEBU CITY, CEBU
3. That I/he/she was attended at birth by DK who resides at \_\_\_\_\_
4. That I/he/she is a citizen of THE PHILS
5. That my/his/her parents were ☐ married on NOVEMBER 28, 1967 at CEBU CITY, CEBU  
☐ 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 NEGLECTANCE OF PARENTS
8. ☐ GENERAL PURPOSES  
 (For the applicant only) That I am married to EDGAR R. TRUYA  
☐ (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

Rizalina D. Truya  
 (Signature of Affiant)

Community Tax No. 25282485Date Issued MARCH 19, 2010Place Issued BAYBAY, LEYTE

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of JUNE, 2010  
 at BAYBAY CITY, LEYTE, Philippines.

(Signature of Administering Officer)

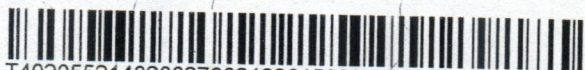
CITY CIVIL REGISTRAR  
(Title/Designation)

NOEL V. MANAGBANAG  
 (Name in Print)

BAYBAY CITY, LEYTE  
 (Address)

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Lisa Grace S. Bersales  
 LISA GRACE S. BERSALES, Ph.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority



CERTIFIED PHOTOGRAPH OF THE ORIGINAL:

TERESITA L. QUINANOLA  
 SUPERVISING ADMINISTRATIVE OFFICER