



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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, MARTIN M. LAO and MAY GRACE CONZALES,
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) M. Lao (Signature of Mother) M. Conzales
Community Tax No. 3394108 Community Tax No. 310695
Date Issued Jan. 13, 1998 Date Issued Jan. 8, 1998
Place Issued Cebu City Place Issued Cebu City

SUBSCRIBED AND SWORN to before me this JAN 20 1998

at _____, Philippines.

(Signature of Administering Officer)
Notary Public
Noted Dec 31, 1998
(Name in Print) 692

Doc. No. 247
Page No. 1 (Title/Designation)
Book No. 1
Office of 19 (Address)

Not applicable to 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 _____ day of _____

at _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

Q6723-46-402ANG-00376-BI001

BEST POSSIBLE IMAGE

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Lisa Grace S. Bersales

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

T402067234020037605292018001



(Copy for OCRG)

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 LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS MARVIN M. LAO AND MAY GRACE D. GONZALES
 ON MARCH 03, 1998 AT CEBU CITY, CEBU UNDER REGISTRY NUMBER 1998-269. THE CHILD SHALL BE KNOWN AS:
 VINCE GONZALES LAO

 MS. EDITHA R. ORCILLA
 Chief, Document Management Division

Philippine Statistics Authority Form No. 102 (revised January 1993)			(To be accomplished in quadruplicate)			REMARKS/ANNOTATION		
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 <u>Cebu</u>			City/Municipality <u>Cebu City</u>			Registry No. <u>98-1204</u>		
1. NAME (First) <u>VINCE</u> (Middle) <u>GONZALES</u> (Last) <u>GONZALES</u>			2. SEX <u>1</u> Male <u>2</u> Female			3. DATE OF BIRTH (day) <u>11</u> (month) <u>Jan.</u> (year) <u>1998</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Cebu Doctors' Hospital</u> <u>Cebu City</u> <u>Cebu</u>			5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.					
5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify			6. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)					
7. MAIDEN NAME (First) <u>May Grace</u> (Middle) <u>dela Torre</u> (Last) <u>Gonzales</u>			8. CITIZENSHIP <u>Filipino</u>					
9a. Total number of children born alive <u>01</u>			9b. No. of children still living including this birth <u>01</u>			9c. No. of children born alive but are now dead <u>0</u>		
10. OCCUPATION <u>Computer Training Staff</u>			11. AGE at the time of this birth <u>29</u> years					
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Cabreros St.</u> <u>Cebu City</u> <u>Cebu</u>			13. NAME (First) <u>Nervin</u> (Middle) <u>Madrigal</u> (Last) <u>GO</u>					
14. CITIZENSHIP <u>Filipino</u>			15. RELIGION <u>R. Catholic</u>					
16. OCCUPATION <u>Businessman-Furniture</u>			17. AGE at the time of this birth <u>25</u> years					
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>Not Married</u>								
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (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 at <u>6:20 P.M.</u> o'clock am/pm on the date stated above.								
Signature <u>Lorna S. Diorico</u> Name in Print <u>LORNA S. DIORICO, M.D.</u> Title or Position <u>Attending Physician</u>			Address <u>Cebu Doctors' Hospital</u> <u>Danania Blvd., Cebu City</u> Date <u>Jan. 11, 1998</u>					
20. INFORMANT Signature <u>Mary Grace Gonzales</u> Name in Print <u>MAY GRACE GONZALES</u> Relationship to the child <u>Mother</u>			Address <u>Cabreros St.</u> <u>Cebu City</u> Date <u>Jan. 11, 1998</u>					
21. PREPARED BY Signature <u>Ben D. Ministerio</u> Name in Print <u>BEN D. MINISTERIO</u> Title or Position <u>Medical Records Clerk</u> Date <u>Jan. 11, 1998</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Evelyn A. Aradilla</u> Name in Print <u>EVELYN A. ARADILLA</u> Title or Position <u>CLERK</u> Date <u>JAN 26 1998</u>					

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 Philippine Statistics Authority