



(Copy for OCR)

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, 5c and 19a.)

REMARKS/ANNOTATION

Province _____
 City/Municipality Davao City Registry No. 2007-17487

1. NAME (First) (Middle) (Last)
EMANUEL CEDBO ALVAR

2. SEX 1 Male 2 Female
 3. DATE OF BIRTH (day) (month) (year)
15 April 2007

4. PLACE OF BIRTH (Place of Hospital/Clinic/Institution) (City/Municipality) (Province)
DAVAO MEDICAL CENTER, DAVAO CITY

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
 b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery) Second (first, second, third, etc.)
 d. WEIGHT AT BIRTH 3007 grams

6. MAIDEN NAME (First) (Middle) (Last)
MARICEL RAMOS CEDBO

7. CITIZENSHIP Filipino 8. RELIGION Catholic

9a. Total number of children born alive: 2
 b. No. of children still living including this birth: 2
 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 33 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Prk. 18 Manggahan, Bucana, Davao City

13. NAME (First) (Middle) (Last)
Ray Antonio Francisquete Alvar

14. CITIZENSHIP Filipino 15. RELIGION Catholic

16. OCCUPATION Employee 17. Age at the time of this birth: 37 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
April 8, 1997 - Davao City

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

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 4:57 am o'clock am/pm on the date stated above

Signature _____ Address Davao Medical Center
MARGARITA ISABEL AETES, M.D. Bajada, Davao City
 Title or Position Physician Date 18 April 2007

20. INFORMANT
 Signature _____ Address Prk. 18 Manggahan, Bucana
MARICEL C. ALVAR Davao City
 Relationship to the child mother Date 17 April 2007

21. PREPARED BY
 Signature _____
ISAAC E. JAGAR
 Title or Position ADM. AIDE III
 Date 19 April 2007

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
SHIRLEY S. ARENDAN
 Title or Position Actg. Head Birth Div. CCRG
 Date MAY 02 2007

REMARKS/ANNOTATION

15 04 2007

2402

07 3 007

02 02 08

2 20 33

74026

X 20 37

MAY 02 2007

07046-BB-700MDS-00256-B1003
 BEST POSSIBLE IMAGE

 TFO001048700025604172019003

BReN
 02402-807GF0R-9
 Documentary
 Stamp Tax Paid

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