



REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter.)

LOCAL CIVIL REGISTRY NO. 88-2431

Province Cotabato City

NAME (First) CHRISTINE MARIE (Middle) TABANERA (Last) CEBLANO

2. SEX (Place 'X' on appropriate answer)  
☐ 1 Male ☒ 2 Female

3. DATE OF BIRTH (Day) (Month) (Year)  
10th August 1988

4. PLACE OF BIRTH (Home of hospital/institution; if not in hospital, give street/barangay)  
COTABATO REGIONAL HOSPITAL Cotabato City -

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  
☒ 1 Single ☐ 2 Twin ☐ 3 Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS  
☐ 1 First ☐ 2 Second ☐ 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last)  
Teresita Ole Tabanera

7. NATIONALITY  
Filipino

8. RELIGION  
R. Catholic

9. NAME (First) (Middle) (Last)  
Petronilo Douil Cebano

10. NATIONALITY  
Filipino

11. RELIGION  
R. Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)  
Date August 28, 1982 Place Upi, Maguindanao

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 6:40 PM on the date stated above.

Signature [Signature] Address COTABATO REGIONAL HOSPITAL  
Name in print RONILA C. ILJAY, M.D. Cotabato City  
Title or position Resident Physician Date August 11, 1988

14. INFORMANT  
Signature [Signature] Address Don Sero Street  
Name in print TERESITA T. CEBLANO Cotabato City  
Relationship to child Mother Date August 11, 1988

15. PREPARED BY  
Signature [Signature] RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRY  
Name in print NOSE L. ORTUOSTE Name in print JOSE C. DUMANA  
Title or position Medical Record Librarian Title or position Civil Registry Officer VI  
Date August 11, 1988 Date August 11, 1988

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT (If any) DATE WHEN INFORMATION WAS SUPPLIED 5/28/1988

(Fill out items 17-25 if the space is provided for)

PROVINCE (copy the above) -  
CITY/MUNICIPALITY Cotabato City

17. Weight at Birth (in grams) 3,0kg 3000 (1-4)

18. Birth Order of Child (1st, second, etc.) 4th 4

19a. Total Number of Children Born Alive 4 4 (1-4)

19b. How many children are now living including this birth? 4 4 (1-10)

19c. How many children were born alive but are now dead? 0 0 (1-10)

20. Usual Occupation Housekeeper 20 (1-10)

21. Age at the time of this birth 31 31 (1-10)

22. Usual Residence (City/Municipality) (Province)  
Don Sero St., Cotabato City -

23. Usual Occupation Body builder 20 (1-10)

24. Age at the time of this birth 32 32 (1-10)

25. Attendant at Birth (Place 'X' on appropriate answer) ☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Healer ☐ 5 Others

Sex 2 2 Date of Birth 10 08 88 Place of Birth 20 08 88 Mother's Nationality 41 41 Father's Nationality 42 42 Child's Status 31 31

NAME (First) (Middle) (Last)  
CHRISTINE MARIE TABANERA CEBLANO

Local Civil Registry Number 88-2431

03399-H7-733GMV-00179-BI002

BEST POSSIBLE IMAGE



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BRn  
03804-A88RA01-3

Documentary  
Stamp Tax Paid

Carmelita N. ERICTA  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office





Municipal Form No. 102  
(Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE LAGUNA LOCAL CIVIL REGISTRAR NO. 8500421

CITY/MUNICIPALITY PILA

1. NAME (first) BRYAN EDWARD (Middle) ARCIAGA (Last) DEVANADERA

2. SEX (Place 'X' on appropriate answer)  
☒ 1 Male ☐ 2 Female

3. DATE OF BIRTH (Day) 9 (Month) JULY (Year) 1985

4. PLACE OF BIRTH (Name of Hospital/Institution; If not in hospital, give street/barangay)  
M.H. del PILAR ST. (City/Municipality) PILA (Province) LAGUNA

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  
☒ 1 Single ☐ 2 Twin ☐ 3 Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS  
☒ 1 First ☐ 2 Second ☐ 3 Third, 4th, etc.

6. MAIDEN (First) DAISY (Middle) CARRILLO (Last) ARCIAGA

7. NATIONALITY FIL.

8. RELIGION R.C.

9. NAME (First) EDUARDO (Middle) CARRILLO (Last) DEVANADERA

10. NATIONALITY FIL.

11. RELIGION R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important. If not applicable, fill Affidavit of Acknowledgment at the back)  
DEC. 2, 1984 PILA LAGUNA

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 9:00 o'clock PM on the date stated above.

Signature [Signature] Address 399 BONIFACIO ST  
Name in print EDSELINDA C. JOROSA PILA, LAGUNA  
Title or position R.M. Date JULY 12, 1985

14. INFORMANT  
Signature [Signature] Address M.H. del PILAR ST  
Name in print DAISY A. DEVANADERA PILA, LAGUNA  
Relationship to child MOTHER Date JULY 12, 1985

15a. PREPARED BY  
Signature [Signature]  
Name in print EDSELINDA C. JOROSA  
Title or position R.M.  
Date JULY 12, 1985

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature [Signature]  
Name in print GLADY A. REYES  
Title or position Civil Registry Clerk  
Date 7/18/85 2570

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT  
b. DATE WHEN INFORMATION WAS SUPPLIED

(Important. Informant should also provide information for Items 17 to 25. The code boxes are to be filled out of the Office of the Local Civil Registrar)

RESERVE FOR BINDING

PROVINCE LAGUNA Local Civil Registry No. 8500421 Registration Status 1

CITY/MUNICIPALITY PILA 2570

17. Weight at Birth (In grams) 8175 18. Birth Order of Child Ex. first, second, etc. 01

19a. Total Number of Children Born Alive 1011 19b. How many children are now living including this birth? 1011 19c. How many children were born alive but are now dead? 0

20. Usual Occupation HOUSEKEEPER 21. Age at the time of this Birth 29

22. Usual Residence (Barangay) M.H. del PILAR ST (City/Municipality) PILA (Province) LAGUNA

23. Usual Occupation EMPLOYEE 24. Age at the time of this Birth 30

25. Attendant at Birth (Place 'X' on appropriate answer)  
1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Healer ☐ 5 Other ☒

Sex 1 Date of Birth 09/07/85 Place of Birth 34223 Mother's Nationality 01 Father's Nationality 1

NAME OF CHILD  
First BRYAN Middle EDWARD Last A. DEVANADERA

03337-D9-991MIT-00297-BI001

BEST POSSIBLE IMAGE



BRen

03422-A85N901-3

Documentary

CARMELITA N. ERICTA

Administrator and Civil Registrar General  
National Statistics Office