Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Pro	LAGUNA					Registry No. 20 17 - (8 / 8 3		
Cit	ty/MunicipalityCIT	Y OF	SANTA ROSA			2017-0	343.		
	1. NAME (First) ZACH EZEKIEL RAN								
C	2. SEX (Male / Female) Male		TE OF	(Day)		February	(201)7		
H	4. PLACE OF (Name of Hospital BIRTH House No., St., B Santa Rosa Hospital and Mo	/Clinic/Ir arangay edical	nstitution/ Center Balibago		unicipality) City of Sa	nta Rosa La	ce) aguna		
D	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single	5b. IF (F	MULTIPLE BIRTH, CHILD irrst, Second, Third, etc.) of Applicable	WAS	previous live birt	DRDER (Order of this birth to his including fetal death)	6. WEIGHTAT BIRTH 3490 grams		
М	7. MAIDEN (First) (M NAME MANILYN			BONSOL RAMIREZ					
OT	8. CITIZENSHIP Filipino			9. RE	LIGION/RELIG Agli				
HE	10a. Total number of children born alive living including this birth		10c. No. of children born alive but are now dead	alive but are now dead		Sales Staff	12. AGE at the time of this birth (completed years)		
R	13. RESIDENCE (House No., St., I B2 L34 P8 Geneva St. G Brgy. Malusak	Baranga arden \	y) (City/Mu /illas 3 City of Sar	nicipali nta R	ty) osa	(Province) Laguna	(Country) Philippines		
F				iddle) (La VOLANTE I			RATONEL		
A T H	15. CITIZENSHIP 16. RELIGION		Roman Catholic	THE RESERVE AND THE PARTY OF THE PARTY OF		ATION ality Assurance Technician	18. AGE at the time of this birth (completed years)		
E R	19. RESIDENCE (House No. St. G B2 L34 P8 Geneva St. G Brgy. Malusak	Baranga arden	Villas 3 City of Sal	nta R	osa	(Laguina)	(Cophilippines		
MÁ	RRIAGE OF PARENTS (If not ma	arried, ac	complish Affidavit of Acknow	ledgeme	ent/Admission o	f Paternity at the back.)			
20a.	DATE (Month) (Day) September 03 2016	(Year)	20b. PLACE (I		(unicipality)	(Province) Laguna	(Country) Philippines		
21a.	ATTENDANT								
18	2 Nurse	3 N	//idwife 4 Hilot (T	raditio	nal Birth Atten	dant) 5 Others (Specify)		
4 10 10 10	CERTIFICATION OF ATTENDANT AT I hereby certify that I attended	BIRTH (F	Physician, Nurse, Midwife, Tra	ditional	Birth Attenda3ta	dilatnatc.)	e of birth specified above.		
	nature Amun		The second secon	ddres	S				
Nai	me in Print Ma. Victoria R. Barq	ueros	, M.D.	V 17 (4)	City of S	Santa Rosa Laguna			
Titl	e or Position OB-Gyn			ate _	Febr	ruary 04 2017			
22. (CERTIFICATION OF INFORMANT I hereby certify that all information correct to my own knowledge and bel			23. PRE	EPARED BY				
Sig	gnature (WRation)			Signat	ure	Afrita			
Name in Print Manilyn R. Ratonel					Name in Print Annielyn S. Alcantara				
Re	elationship to the Child Mother				r Position	Medical Records S	Staff		
	dress Malusak, City of S	Santa I	Rosa, Laguna	Date	r Position	February 0	4 2017		
Da	teFebruary	04,		Date _					
24.	RECEIVED BY			25. RE	GISTERED BY	THE CIVIL REGISTRA	R		
Sig	gnature	24.00		Signa	ture	Cros			
Na	me in Print MARITES B.			Name	in Print	MYLENE S. (ONZALES		
	le or Position ADMIN. AS	9 201	17		r Position FEB	0 9 2017	EGISTRAR		
Da RE	MARKS/ANNOTATIONS (For L	CRO/C	OCRG Use Only)	Date	1.20				
	A Committee of the Comm		01						



Republic of the Philippines

CITY OF SANTA ROSA

Province of Laguna OFFICE OF THE CITY CIVIL REGISTRAR

0005360



CSRL-CCRO-VCTC-F01(REV:01)

CERTIFIED MACHINE COPY:

MYLENE S. CONZALES

Issued to:					EL
0. R. No	3	07	49	6	2
Date Issued:	F	EB	2	0	201/

				CITY CIVIL RE			
unicipal Form No. 102 evised January 2007)	Republic of the		o be accomplished in qua	druplicate using black ink)			
011000 001100.1 20017	OFFICE OF THE CIVIL RE		ERAL				
CE	RTIFICATE O	FLIVE	BIRTH				
LAGUNA	1		Registry No.	45 -			
ovinceCIT ty/Municipality	Y OF SANTA ROSA		201/				
1. NAME (First)	(Middle)		(Last)				
ZACH EZEKI	EL RAMIF	REZ	RATONEL				
2. SEX (Male / Female)	3. DATE OF 03	Day)	(Month) February	(Year) 2017			
4. PLACE OF (Name of Hospital/							
Santa Rosa Hospital and M	ledical Center Balibago	City of S	anta Rosa L	aguna			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD V (First, Second, Third, etc.)	previous live hi	ORDER (Order of this birth to rths including fetal death)	6. WEIGHTAT BIRTH			
Šingle	Not Applicable	(First, Secon	d, TSie cond	3490 grams			
7. MAIDEN (First)	(Middle		(Last)				
NAME MANILYN	В	ONSOL	RAMIR	EZ			
8.CITIZENSHIP Filipino		9. RELIGION/	SIOUS SECT Ilipay				
10a. Total number of 10b. No. of childre		11. OCCÜPATION		12. AGE at the time of this			
children born alive living including to	his birth alive but are now dead		Sales Staff	birth (completed years) 24			
13. RESIDENCE (House No., St., E B2 L34 P8 Geneva St. G	Barangay) (City/Mun	nicipality) nta Rosa	(Province)	(Country)			
Brgy. Malusak			Laguna	Philippines			
14. NAME (First) (Middle) (Last) JOHN ALBERT VOLANTE RATONEL							
Filipino		uality Assurance Technician	birth (completed years)				
19. RESIBENCE PAGENEVA ST. C	Barangay) a (City/Mu	inicipality)	(Province) Laguna	(Cophilippines			
BZ L34 P8 Geneva St. G	araenavillas 3 City of Sal	nta Rosa					
Brgy. Malusak		,	Laguna	Fillippines			
Brgy. Malusak ARRIAGE OF PARENTS (If not ma	arried, accomplish Affidavit of Acknowle			rtiliippiiles			
Brgy, Malusak ARRIAGE OF PARENTS (If not ma a. DATE (Month) (Day)	(Year) 20b. PLACE (C	edgement/Admission City / Municipality)	of Paternity at the back.) (Province)	(Country)			
Brgy. Malusak ARRIAGE OF PARENTS (If not ma a. DATE (Month) (Day) September 03 2016	(Year) 20b. PLACE (C	edgement/Admission City / Municipality)	of Paternity at the back.)				
Brgy. Malusak ARRIAGE OF PARENTS (If not ma a. DATE (Month) (Day) September 03 2016 a. ATTENDANT	(Year) 20b. PLACE ((Pae:	edgement/Admission City / Municipality) te	of Paternity at the back.) (Province) Laguna	(Country) Philippines			
Brgy. Malusak ARRIAGE OF PARENTS (If not ma a. DATE (Month) (Day) September 03 2016 a. ATTENDANT X 1 Physician 2 Nurse	(Year) 20b. PLACE ((Pae:	edgement/Admission City / Municipality) te	of Paternity at the back.) (Province) Laguna	(Country) Philippines			
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Brgy. Malusak ARRIAGE OF PARENTS (If not ma a. DATE (Month) (Day) September 03 2016 a. ATTENDANT X 1 Physician 2 Nurse b. CERTIFICATION OF ATTENDANT AT I I hereby certify that I attended ignature Ma. Victoria R. Barq	(Year) 20b. PLACE (Care Pae: 3 Midwife4 Hilot (Table BIRTH (Physician, Nurse, Midwife, Traithe birth of the child who was boroughers, M.D.	edgement/Admission City / Municipality) te raditional Birth Attendant alive at	of Paternity at the back.) (Province) Laguna Indant) 5 Others am/pm on the da SRHMC - Balibago	(Country) Philippines (Specify) te of birth specified above.			
Brgy. Malusak ARRIAGE OF PARENTS (If not male and DATE (Month) (Day) September 03 2016 a. ATTENDANT X 1 Physician 2 Nurse b. CERTIFICATION OF ATTENDANT AT I hereby certify that I attended ignature 4 Ma. Victoria R. Barq ame in Print 4 OB-Gyn CERTIFICATION OF INFORMANT	(Year) 20b. PLACE ((Pae:	edgement/Admission City / Municipality) te raditional Birth Atte ditional Birth Attended n alive at C/O S ddress City cf	of Paternity at the back.) (Province) Laguna Indant) 5 Others Since Marylpm on the da SRHMC - Balibago Santa Rosa Laguna	(Country) Philippines (Specify) te of birth specified above.			
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