

DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS
MANILA, PHILIPPINES



S.N. 18A - 0370051

AUTHENTICATION CERTIFICATE

To Whom These Presents Shall Come, Greetings :

MA. TERESA C. PASCUAL, Authentication Officer of the Department of Foreign Affairs, do hereby certify that **LISA GRACE S. BERSALES**, whose name appears signed in the attached certification/document, was at the time signing, **National Statistician and Civil Registrar General, PSA**, **Manila, Philippines**, duly appointed and qualified to sign the certification/document and that full faith and credit may be given to her/his acts.

In the contents of the annexed document(s), the Department assumes no responsibilities.

I further certify that I am familiar with her/his handwriting and verily believe that the signature and seal affixed to the said certification/document are genuine.

IN WITNESS WHEREOF, I have hereunto set my hand at the City of Manila, Philippines, this 02nd day of MAY 2019.

Teresa C. Pascual
MA. TERESA C. PASCUAL
Authentication Officer

Annexed document(s) is/are:

PSA Certified true copy of
Birth Certificate issued to
ZACHARY KYNE ALEGADO SOLOMON
7370435

The validity of this certification is for five (5) years, unless specified by the attached document

O.R. No. 0065 DATE 25th April 2019, dtp.copampanga

(Not valid without DFA dry seal, red ribbon, documentary stamp and if document bears any visible physical tampering, erasures or if soiled and worn out).

Documentary
Stamp
P5.00

Principal Form No. 102
Revised August 2016)

(To be accomplished in quadruplicate using black ink)


Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

| | | | | |
|--|--|--|--|--|
| Province BATAAN | | Registry No. 208-9743 | | |
| City/Municipality BALANGA CITY | | | | |
| CHILD | 1 NAME (First) (Middle) (Last) ZACHARY KYNE ALEGADO SOLOMON | | | |
| | 2 SEX (Male / Female) MALE | 3 DATE OF BIRTH (Day) (Month) (Year) 20 DECEMBER 2018 | | |
| | 4 PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) BATAAN DOCTORS HOSPITAL AND MEDICAL CENTER - DFS, BALANGA CITY, BATAAN | | | |
| | 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE | 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A | 5c. BIRTH ORDER (First, Second, Third, etc.) SECOND | 5d. WEIGHT AT BIRTH (grams) 2,900 |
| MOTHER | 7 MAIDEN NAME (First) (Middle) (Last) MA. KHRISMA BALUYOT ALEGADO | | | |
| | 8. CITIZENSHIP FILIPINO | 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC | | |
| | 10a. Total number of children born alive including this birth 2 | 10b. No. of children still living including this birth 2 | 10c. No. of children born alive but are now dead 0 | 11 OCCUPATION FASHION DESIGNER |
| | 12 AGE at the time of the birth (completed years) 31 | 13 RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SAN ANTONIO VILLAGE TENEJERO BALANGA CITY BATAAN PHILIPPINES | | |
| FATHER | 14. NAME (First) (Middle) (Last) JOHN PAUL NABONG SOLOMON | | | |
| | 15. CITIZENSHIP FILIPINO | 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC | 17. OCCUPATION INSTRUMENT TECHNICIAN-OFW | |
| | 18. AGE at the time of the birth (completed years) 31 | 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 204 SANGGALANG ST. BANTAN ORION BATAAN PHILIPPINES | | |
| | MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) | | | |
| 20a. DATE (Month) (Day) (Year) FEBRUARY 15, 2018 | | 20b. PLACE (City / Municipality) (Province) (Country) BALANGA CITY, BATAAN, PHILIPPINES | | |
| 21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____ 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at 8:40 PM on the date of birth specified above. Signature _____ Address BATAAN-DOCTORS HOSPITAL AND MEDICAL CENTER, DFS, BALANGA CITY, BATAAN Name in Print NERIZA VAGUIO MD. Title or Position OB-GYN Date DECEMBER 21, 2018 | | | | |
| 22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Address _____ Name in Print JOHN PAUL N. SOLOMON Signature _____ Relationship to the Child FATHER Name in Print LIZETTE A. TIAMZON Address ORION BATAAN Title or Position MEDICAL RECORDS STAFF Date DECEMBER 21, 2018 | | | | |
| 24 RECEIVED BY Signature _____ Name in Print MADIA F. DE CALLES SEVILLO Title or Position ADMINISTRATIVE ASST. VI Date 1 DEC 2018 | | 25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print MYLENE CAPARAS TAPAN Title or Position ADMINISTRATIVE ASST. VI Date 21 DEC 2018 | | |
| REMARKS/ANNOTATIONS (For LCRO/DCRG Use Only) | | | | |
| TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR 07 08 09 B 10 C 11 D 12 E 13 F 14 G 15 H 16 I 17 J 18 K 19 L 07 08 09 B 10 C 11 D 12 E 13 F 14 G 15 H 16 I 17 J 18 K 19 L | | | | |

230 7100

13 JUN 2019



SEEN at the
PHILIPPINE EMBASSY
DOHA STATE OF QATAR

At the authorization of the Department of Foreign Affairs, Manila, the contents of this document, this embassy assumes no responsibility.

Benjamin A. Celebreto, Jr.
BENJAMIN A. CELEBRETO, JR.
Vice Consul

Service no. *05730*
Fee Paid QR. *100*
O.R. no. *007291*



STATE OF QATAR
دولة قطر
Ministry of Finance
وزارة المالية

No.: 2019001071169/1
الرقم: 2019001071169/1

In: *100* QAR
في: *100* ريال

Date: 13/06/2019
التاريخ: 13/06/2019

Amount: 100 QAR
المبلغ: 100 ريال

يصادق على صحة الختم والتوقيع لـ:
سفارة جمهورية الصين في الدوحة
دون أخذ مسؤولية عن المحتويات
01787715