

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

Province Cebu  
City/Municipality Cebu City

Registry No.  
**2013 05630**

<b>CHILD</b>	1. NAME (First) (Middle) (Last) <b>KINDRED OTHELO BELONGUEL ROSOS</b>			
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>15 FEBRUARY 2013</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>CEBU DOCTORS' UNIVERSITY HOSPITAL, OSMEÑA BOULEVARD, CEBU CITY 6000</b>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>Third</b>	6. WEIGHT AT BIRTH <b>3250 grams</b>

<b>MOTHER</b>	7. MAIDEN NAME (First) (Middle) (Last) <b>RHEA MAE MAGTOTO BELONGUEL</b>			
	8. CITIZENSHIP <b>Filipino</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>02</b>	10b. No. of children still living including this birth <b>02</b>	10c. No. of children born alive but are now dead <b>00</b>	11. OCCUPATION <b>Reservations and Ticketing</b>
	12. AGE at the time of this birth (completed years) <b>30</b>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>296 M Gonzales Compd., Gorordo Ave., Kamputhaw Cebu City</b>				

<b>FATHER</b>	14. NAME (First) (Middle) (Last) <b>RYAN DIEGOR ROSOS</b>		
	15. CITIZENSHIP <b>Filipino</b>	16. RELIGION/RELIGIOUS SECT <b>Roman Catholic</b>	17. OCCUPATION <b>None</b>
	18. AGE at the time of this birth (completed years) <b>32</b>		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>296 M Gonzales Compd., Gorordo Ave., Kamputhaw Cebu City</b>			

**MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

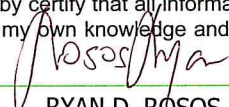
20a. DATE (Month) (Day) (Year) <b>JULY 30 2009</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>CEBU METRO CATHEDRAL CHURCH CEBU CITY</b>
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21a. ATTENDANT  
 1 Physician     2 Nurse     3 Midwife     4 Hilot (Traditional Birth Attendant)     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 1:11 PM am/pm on the date of birth specified above.

Signature 	Address <u>Cebu Doctors University</u>
Name in Print <u>MARIA CARMINA JOYCE ALFEREZ, M.D.</u>	<u>Hospital Cebu City</u>
Title or Position <u>Attending Physician</u>	Date <u>February 15, 2013</u>

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature 

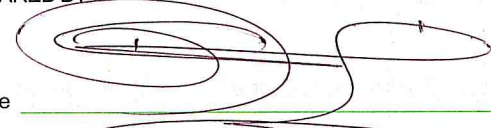
Name in Print RYAN D. ROSOS

Relationship to the Child Father

Address 296 M Gonzales Compd., Gorordo Ave., Kamputhaw Cebu City

Date February 15, 2013

23. PREPARED BY

Signature 

Name in Print DANTE C. CINCO

Title or Position Medical Records Clerk

Date February 15, 2013

24. RECEIVED BY

Signature 

Name in Print Ridolito P. Yañez

25. REGISTERED BY THE CIVIL REGISTRAR

Signature 

Name in Print Oscar B. Molo