

# CERTIFICATE OF LIVE BIRTH

Province **BOHOL** Registry No. **2021-221**  
 City/Municipality **DAUIS**

**CHILD**

1. NAME (First) **ELIANA DUANE** (Middle) **DOLAUTA** (Last) **BARCENAS**  
 2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **4** (Month) **AUGUST** (Year) **2021**  
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **MAP LYING-IN CLINIC TOTOLAN BRANCH** (City/Municipality) **DAUIS** (Province) **BOHOL**  
 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **3,200** grams

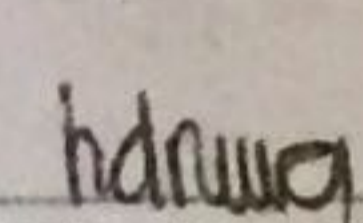
**MOTHER**

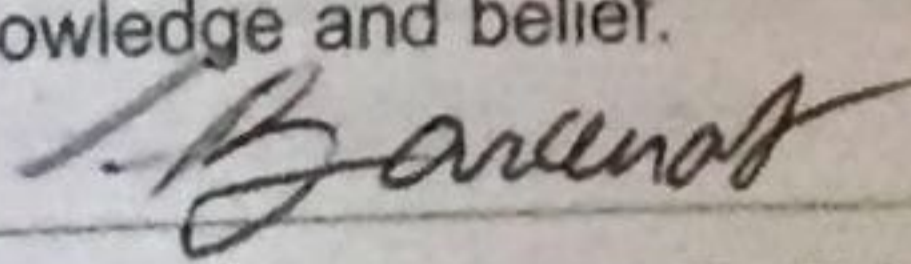
7. MAIDEN NAME (First) **JOSEPHINE** (Middle) **TEJANO** (Last) **DOLAUTA**  
 8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
 10a. Total number of children born alive **1** 10b. No. of children still living including this birth **1** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **HOUSEKEEPER** 12. AGE at the time of this birth (completed years) **24**  
 13. RESIDENCE (House No., St., Barangay) **MAYACABAC** (City/Municipality) **DAUIS** (Province) **BOHOL** (Country) **PHILIPPINES**

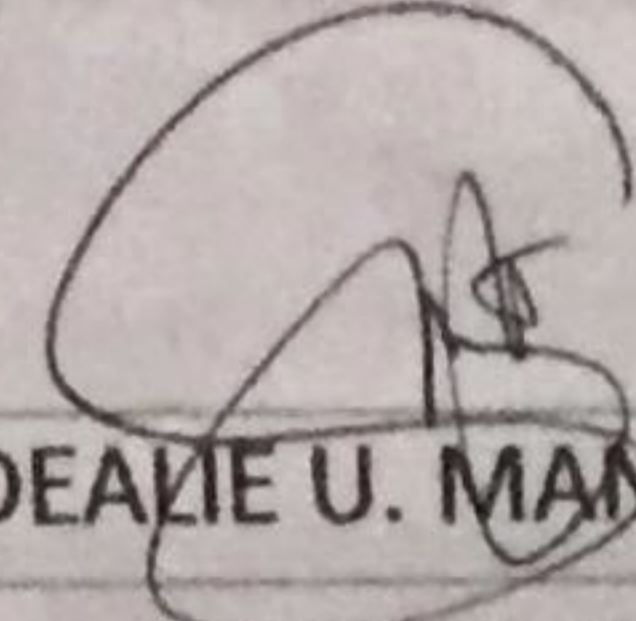
**FATHER**

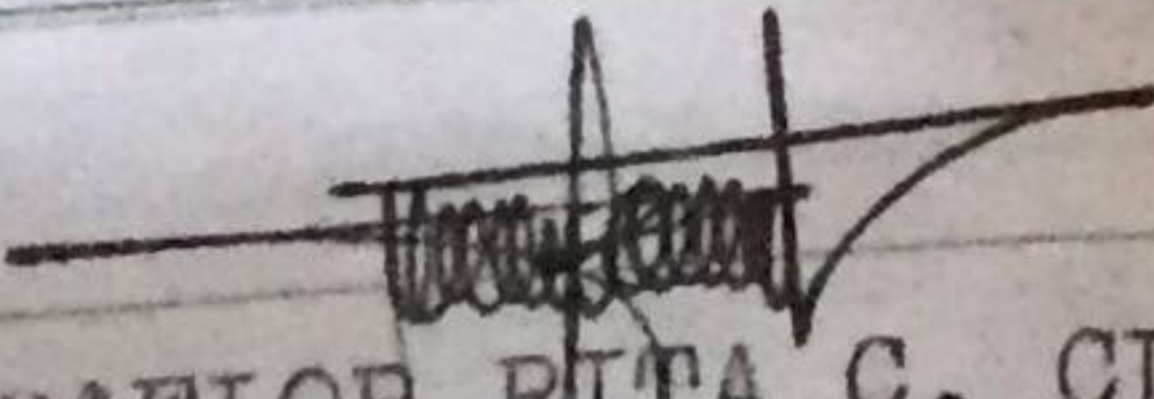
14. NAME (First) **JOHN RAY** (Middle) **ORBISO** (Last) **BARCENAS**  
 15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CALL CENTER AGENT** 18. AGE at the time of this birth (completed years) **24**  
 19. RESIDENCE (House No., St., Barangay) **MAYACABAC** (City/Municipality) **DAUIS** (Province) **BOHOL** (Country) **PHILIPPINES**

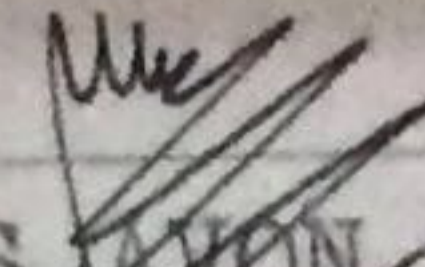
**MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
 20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT MARRIED**

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 **11:36 PM** am/pm on the date of birth specified above.  
**DAMPAS DISTRICT,**  
 Signature  Address **TAGBILARAN CITY, BOHOL**  
 Name in Print **HERCULINE D. NUEVA, RM, BSM**  
 Title or Position **MIDWIFE** Date **AUGUST 5 2021**

22. CERTIFICATION OF INFORMANT  
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
 Signature  Address **MAYACABAC, DAUIS, BOHOL**  
 Name in Print **JOHN RAY O. BARCENAS**  
 Relationship to the Child **FATHER**  
 Date **AUGUST 5 2021**

23. PREPARED BY  
 Signature  Address \_\_\_\_\_  
 Name in Print **IDEAZIE U. MANSUETO, RM**  
 Title or Position **MIDWIFE**  
 Date **AUGUST 5 2021**

24. RECEIVED BY  
 Signature  Address \_\_\_\_\_  
 Name in Print **IDAFLOR RITA C. CLARETE**  
 Title or Position **REGISTRATION OFFICER II**  
 Date **AUGUST 10, 2021**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
 Signature  Address \_\_\_\_\_  
 Name in Print **BOOTS AVON B. HONTANOSAS**  
 Title or Position **MUNICIPAL CIVIL REGISTRAR**  
 Date **AUGUST 10, 2021**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)