

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 13a.)

Province \_\_\_\_\_ Registry No. \_\_\_\_\_  
City/Municipality **Davao City**

1. NAME (First) (Middle) (Last)  
**ATHENA MIKAELA SACDALAN TUPAS**

2. SEX  Male  Female  
3. DATE OF BIRTH (day) (month) (year)  
**13 February 2011**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ Home No., Street, Barangay) (City/Municipality) (Province)  
**BROKENSHIRE INTEGRATED HEALTH MINISTRIES, INC, BROKENSHIRE HEIGHTS, MADAPO, DAVAO CITY**

5a. TYPE OF BIRTH  Single  Twin  Triplet, etc.  
b. IF MULTIPLE BIRTH CHILD WAS  First  Second  Others, Specify \_\_\_\_\_

6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) **FIRST**  
d. WEIGHT AT BIRTH **3100** grams

7. MOTHER'S NAME (First) (Middle) (Last)  
**FRANCESS BALATBAT SACDALAN**

8. CITIZENSHIP **Filipino** 9. RELIGION **Roman Catholic**

10. Total number of children born alive **01**  
b. No. of children still living including this birth **01**  
c. No. of children here alive but are now dead **00**

11. OCCUPATION **STUDENT** 12. Age at the time of this birth **22** years

13. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
**#761 KALAMANSI ST., JUNA SUBD., MATINA, DAVAO CITY**

14. NAME (First) (Middle) (Last)  
**MICHAEL NIÑO JAVIER TUPAS**

15. CITIZENSHIP **Filipino** 16. RELIGION **Roman Catholic**

17. OCCUPATION **SELF-EMPLOYED** 18. Age at the time of this birth **29** years

19. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
**NOT MARRIED**

20a. ATTENDANT  Physician  Nurse  Midwife  Midol (Traditional Midwife)  Others (Specify): \_\_\_\_\_

20b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at **07:29 PM** on the date stated above.

Signature *Paula Cruz* Address **C/O BIHMI MADAPO HILL DAVAO CITY**  
Name in Print **PAULA CYNTHIA CRUZ-LIMLENGCO M.D.**  
Title or Position **ATTENDING PHYSICIAN** Date **14 February 2011**

For OCRG USE ONLY:  
Population Reference No.

\_\_\_\_\_

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

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