

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2016-2307
City/Municipality MANDAUE CITY	

CHILD	1. NAME (First) (Middle) (Last) YTHANN ZAVIERRE PAYUD PINTOR			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 03 MARCH 2016		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO MANDAUE CITY CEBU			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND	6. WEIGHT AT BIRTH 3100 grams

MOTHER	7. MAIDEN * NAME (First) (Middle) (Last) SHERAH ABIGAIL LIBUTLIBUT PAYUD			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN	
	10a. Total number of children born alive 2	10b. No. of children still living including this birth 2	10c. No. of children born alive but are now dead 0	11. OCCUPATION CALL CENTER ASSISTANT/REPRESENTATIVE
	12. AGE at the time of this birth (completed years) 22			
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) PUROK OKRA, CALERO LILOAN CEBU PHILIPPINES			

FATHER	14. NAME (First) (Middle) (Last) LIOLEN NIKO ESTREMOS PINTOR		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN
	17. OCCUPATION MASON		18. AGE at the time of this birth (completed years) 23
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) PUROK OKRA, CALERO LILOAN CEBU PHILIPPINES		

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

20a. DATE (Month) (Day) (Year) AUGUST 16, 2014	20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY CEBU PHILIPPINES
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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 **02:35 PM** am/pm on the date of birth specified above.

Signature *Maria Elena B. Patalinghug* Address **EVERSLEY CHILDS SANITARIUM, JAGOBIAO, MANDAUE CITY, CEBU**
Name in Print **MARIA ELENA B. PATALINGHUG, MD.**

Title or Position **MEDICAL OFFICER IV** Date **MARCH 18, 2016**

<p>22. CERTIFICATION OF INFORMANT</p> <p>I hereby certify that all information supplied are true and correct to my own knowledge and belief.</p> <p>Signature <u><i>Sherah Abigail Payud Pintor</i></u> Name in Print SHERAH ABIGAIL PAYUD PINTOR Relationship to the Child MOTHER Address PUROK OKRA, CALERO, LILO-AN, CEBU Date MARCH 18, 2016</p>	<p>23. PREPARED BY</p> <p>Signature <u><i>Ofelia Lastomen Peñas</i></u> Name in Print OFELIA LASTOMEN PEÑAS Title or Position DATA CONTROLLER I Date MARCH 18, 2016</p>
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<p>24. RECEIVED BY</p> <p>Signature <u><i>Analiza P. Fontanoza</i></u> Name in Print ANALIZA P. FONTANOZA Title or Position OFFICE AIDE Date MAR 28 2016</p>	<p>25. REGISTERED BY THE CIVIL REGISTRAR</p> <p>Signature <u><i>Thelma C. Crisologo</i></u> Name in Print THELMA C. CRISOLOGO Title or Position CITY CIVIL REGISTRAR Date MAR 28 2016</p>
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REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)