

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

Province	CEBU	Registry No.	2019 13075
City/Municipality	CEBU CITY		

CHILD	1. NAME (First) (Middle) (Last) CALIX VALE MANIGOS CLAR		
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 28 MAY 2019	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) MARGARITA BIRTHING CENTER CEBU 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.) THIRD

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) EMELY ALENTON MANIGOS			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 3	10b. No. of children still living including this birth 2	10c. No. of children born alive but are now dead 1	11. OCCUPATION HOUSEKEEPER, OWN HOME
	12. AGE at the time of this birth (completed years) 26			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 809 SITIO KANIPAAN, TAGUNOL, BASAK PARDO, CEBU CITY CEBU PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) JASPER CABALLERO CLAR		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	17. OCCUPATION DRIVER		18. AGE at the time of this birth (completed years) 29
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 809 SITIO KANIPAAN, TAGUNOL, BASAK PARDO, CEBU CITY CEBU PHILIPPINES		

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

20a. DATE (Month) (Day) (Year) MAY 28, 2015	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 **10:17 AM** on the date of birth specified above.

Signature 	Address 96-J GORONDO AVENUE, KAMPUTHAW, CEBU CITY, CEBU
Name in Print MARGARITA F. CODERA	Date MAY 28, 2019
Title or Position MIDWIFE	

22. CERTIFICATION OF INFORMANT	23. PREPARED BY
I hereby certify that all information supplied are true and correct to my own knowledge and belief.	
Signature 	Signature 
Name in Print JASPER C. CLAR	Name in Print CHARLIE O. BELDERA
Relationship to the Child FATHER	Title or Position MIDWIFE
Address CEBU CITY, CEBU	Date MAY 28, 2019
Date MAY 28, 2019	

24. RECEIVED BY	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature 	Signature 
Name in Print LUZ N. CUGAY	Name in Print PHILIPP A. MEGABON
Title or Position ADMINISTRATIVE AIDE III	Title or Position REGISTRATION OFFICER IV
Date MAY 29 2019	Date MAY 29 2019

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)