

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 19a.)

Province Bohol  
City/Municipality Tagbilaran City

Registry No.

**CHILD**

1. NAME (First) (Middle) (Last)  
**HUMPHREY JULE CABAHUG ALCANTARA**

2. SEX  1 Male  2 Female

3. DATE OF BIRTH (day) (month) (year)  
**10 DECEMBER 2009**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
**GOV. CELESTINO GALLARES MEM. HOSPITAL, TAGBILARAN CITY, BOHOL**

5a. TYPE OF BIRTH  1 Single  2 Twin  
 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS  
 1 First  2 Second  
 3 Others, Specify \_\_\_\_\_

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)  
**1st**

d. WEIGHT AT BIRTH  
**3374** grams

**MOTHER**

5. MAIDEN NAME (First) (Middle) (Last)  
**GINALYN SAGUIBAL CABAHUG**

7. CITIZENSHIP **Filipino**

8. RELIGION **RC**

9a. Total number of children born alive: **1**

b. No. of children still living including this birth: **1**

c. No. of children born alive but are now dead: **0**

10. OCCUPATION **Housewife**

11. Age at the time of this birth: **21** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
**Montesunting Carmen Bohol**

**FATHER**

13. NAME (First) (Middle) (Last)  
**JULIESEP FORTUNA ALCANTARA**

14. CITIZENSHIP **Filipino**

15. RELIGION **RC**

16. OCCUPATION **Farmer**

17. Age at the time of this birth: **23** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
**Aug. 15, 2009 Tubigon, Bohol**

19a. ATTENDANT  1 Physician  2 Nurse  3 Midwife  
 4 Hilot (Traditional Midwife)  5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at **3:19 AM** on the date stated above.

Signature *Lyn C. Sarigumba* Address **GCGMH, Tagbilaran City, Bohol**  
Name in Print **LYN C. SARIGUMBA, MD**  
Title or Position **Medical Officer III** Date **DEC 14, 2009**

20. INFORMANT  
Signature *Ginalyn C. Alcantara* Address **Montesunting, Carmen, Bohol**  
Name in Print **GINALYN C. ALCANTARA**  
Relationship to the child **Mother** Date **DEC. 14, 2009**

21. PREPARED BY  
Signature *Marilyn T. Tuyor*  
Name in Print **MARILYN T. TUYOR, RM**  
Title or Position **Nursing Attendant I**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print \_\_\_\_\_

For CORRE USE ONLY:  
Population Reference No. \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 \_\_\_\_\_

45 \_\_\_\_\_

49 \_\_\_\_\_

53 \_\_\_\_\_

57 \_\_\_\_\_

61 \_\_\_\_\_

65 \_\_\_\_\_

69 \_\_\_\_\_

73 \_\_\_\_\_

77 \_\_\_\_\_

81 \_\_\_\_\_

85 \_\_\_\_\_

89 \_\_\_\_\_

93 \_\_\_\_\_

97 \_\_\_\_\_

For births before 3 August 1988/ or after 3 August 1988

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

We/I, \_\_\_\_\_ and \_\_\_\_\_  
parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the  
information contained herein are true and correct to the best of our/my knowledge and belief.

\_\_\_\_\_  
(Signature of Father)

\_\_\_\_\_  
(Signature of Mother)

Community Tax No. \_\_\_\_\_

Community Tax No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
(Signature of Administering Officer)

\_\_\_\_\_  
(Title/Designation)

\_\_\_\_\_  
(Name in Print)

\_\_\_\_\_  
(Address)

Not applicable for births before 27 February 1931

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, \_\_\_\_\_, of legal age, single/married  
and with residence and postal address at \_\_\_\_\_,  
after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of \_\_\_\_\_
2. That I/he/she was born on \_\_\_\_\_ at \_\_\_\_\_
3. That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
4. That I/he/she is a citizen of \_\_\_\_\_
5. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
6. That the reason for the delay in registering my/his/her birth was due to \_\_\_\_\_
7. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_
8.  (For the applicant only) That I am married to \_\_\_\_\_  
 (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

\_\_\_\_\_  
(Signature of Affiant)

Community Tax No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
(Signature of Administering Officer)

\_\_\_\_\_  
(Title/Designation)

\_\_\_\_\_  
(Name in Print)

\_\_\_\_\_  
(Address)