

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

Province **CEBU** Registry No.
City/Municipality **BALAMBAN**

CHILD
1. NAME **PRECIOUS HEART** **ARRIBA** **RULIDA**
2. SEX **FEMALE** 3. DATE OF BIRTH **19** **OCTOBER** **2019**
4. PLACE OF BIRTH **CEBU PROVINCIAL HOSPITAL - BALAMBAN** **BALAMBAN** **CEBU**
5a. TYPE OF BIRTH **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS **NOT APPLICABLE** 5c. BIRTH ORDER **FIRST** 6. WEIGHT AT BIRTH **3,900** grams

MOTHER
7. MAIDEN NAME **KARREN** **LUCO** **ARRIBA**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **BAPTIST**
10a. Total number of children born alive **01** 10b. No. of children still living including this birth **01** 10c. No. of children born alive but are now dead **00** 11. OCCUPATION **HOUSEKEEPER(OWN HOME)** 12. AGE at the time of this birth **26** (Completed years)
13. RESIDENCE **OWAK** **ASTURIAS** **CEBU** **PHILIPPINES**

FATHER
14. NAME **CIRILO JR.** **RAGAS** **RULIDA**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **BREAD BAKER** 18. AGE at the time of this birth **26** (Completed years)
19. RESIDENCE **OWAK** **ASTURIAS** **CEBU** **PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE **NOT MARRIED** 20b. PLACE **NOT APPLICABLE**

21a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at **3:05 AM** am/pm on the date of birth specified above.

Signature _____ Address **CEBU PROVINCIAL HOSPITAL - BALAMBAN**
Name in Print **SHERYL FUNO-KHO, M.D.** **BALAMBAN, CEBU**
Title or Position **MEDICAL SPECIALIST I** Date **NOVEMBER 17, 2021**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature _____ **KARREN L. ARRIBA**
Name in Print **MOTHER**
Relationship to the Child **OWAK, ASTURIAS, CEBU**
Address **NOVEMBER 17, 2021**

23. PREPARED BY
Signature _____ **MARIA JANE Y. SOTES**
Name in Print **MEDICAL RECORDS CLERK**
Title or Position **NOVEMBER 17, 2021**
Date

24. RECEIVED BY
Signature _____
Name in Print _____
Title or Position _____
Date _____

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print _____
Title or Position _____
Date _____

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
8 9 11 13 15 16 17 19