

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

Province CEBU	Registry No.
City/Municipality BALAMBAN	2021-2253

CHILD	1. NAME (First) (Middle) (Last) LOURD ANDY ARRIBA RULIDA		
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 27 OCTOBER 2021	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CEBU PROVINCIAL HOSPITAL - BALAMBAN BALAMBAN 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

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) KARREN LUCOB ARRIBA			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 02	10b. No. of children still living including this birth 02	10c. No. of children born alive but are now dead 00	11. OCCUPATION HOUSEKEEPER (OWN HOME)
	12. AGE at the time of this birth (completed years) 28		13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) OWAK ASTURIAS CEBU PHILIPPINES	

FATHER	14. NAME (First) (Middle) (Last) 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 (completed years) 28
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) OWAK ASTURIAS CEBU PHILIPPINES		

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

20a. DATE (Month) (Day) (Year) NOT MARRIED	20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE
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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 **15 AM** am/pm on the date of birth specified above.

Signature _____ Address **CEBU PROVINCIAL HOSPITAL - BALAMBAN**

Name in Print **RUSIENNE MAE VERANO-DUMDUM, M.D.** **BALAMBAN, CEBU**

Title or Position **MEDICAL SPECIALIST II** Date **OCTOBER 28, 2021**

<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 _____ Name in Print KARREN L. ARRIBA Relationship to the Child MOTHER Address OWAK, ASTURIAS, CEBU Date OCTOBER 28, 2021</p>	<p>23. PREPARED BY</p> <p>Signature _____ Name in Print MARIA JANETTE Y. SOTES Title or Position MEDICAL RECORDS CLERK Date OCTOBER 28, 2021</p>
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<p>24. RECEIVED BY</p> <p>Signature _____ Name in Print CARMENCITA C. JULIANE Title or Position Administrative Aide I Date November 12, 2021</p>	<p>25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>Signature _____ Name in Print CERES MELODINA O. LOZANO Title or Position Municipal Civil Registrar Date November 12, 2021</p>
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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

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No.
City/Municipality BALAMBAN	

CHILD	1. NAME (First) PRECIOUS HEART (Middle) ARRIBA (Last) RULIDA		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 19 (Month) OCTOBER (Year) 2019	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CEBU PROVINCIAL HOSPITAL - BALAMBAN (City/Municipality) BALAMBAN (Province) 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.) FIRST

MOTHER	7. MAIDEN NAME (First) KARREN (Middle) LUCOB (Last) 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 (completed years) 26			
13. RESIDENCE (House No., St., Barangay) OWAK (City/Municipality) ASTURIAS (Province) CEBU (Country) PHILIPPINES				

FATHER	14. NAME (First) CIRILO JR. (Middle) RAGAS (Last) RULIDA		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	17. OCCUPATION BREAD BAKER		18. AGE at the time of this birth (completed years) 26
	19. RESIDENCE (House No., St., Barangay) OWAK (City/Municipality) ASTURIAS (Province) CEBU (Country) PHILIPPINES		

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

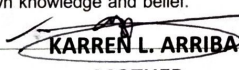
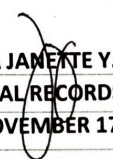
20a. DATE (Month) (Day) (Year) NOT MARRIED	20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE
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21a. ATTENDANT

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 **8:05 AM** am/pm on the date of birth specified above.

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

<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  KARREN L. ARRIBA</p> <p>Name in Print MOTHER</p> <p>Relationship to the Child MOTHER</p> <p>Address OWAK, ASTURIAS, CEBU</p> <p>Date NOVEMBER 17, 2021</p>	<p>23. PREPARED BY</p> <p>Signature  MARIA JANETTE Y. SOTES</p> <p>Name in Print MEDICAL RECORDS CLERK</p> <p>Title or Position MEDICAL RECORDS CLERK</p> <p>Date NOVEMBER 17, 2021</p>
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<p>24. RECEIVED BY</p> <p>Signature _____</p> <p>Name in Print _____</p> <p>Title or Position _____</p> <p>Date _____</p>	<p>25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>Signature _____</p> <p>Name in Print _____</p> <p>Title or Position _____</p> <p>Date _____</p>
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REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)
