

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province ILOCOS NORTE		Registry No. 2017-3363		
City/Municipality LAOAG CITY				
CHILD	1. NAME (First) SHAWN ARLO	(Middle) COSEP	(Last) MANDING	
	2. SEX (Male / Female) Male	3. DATE OF BIRTH (Day) 25	(Month) October	
			(Year) 2017	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) LAOAG CITY GENERAL HOSPITAL	(City/Municipality) Laoag City	(Province) Ilocos Norte	
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) First	6. WEIGHT AT BIRTH 2,710 grams
MOTHER	7. MAIDEN NAME (First) ROCHELLE	(Middle) REGIS	(Last) COSEP	
	8. CITIZENSHIP Filipino		9. RELIGION/RELIGIOUS SECT Roman Catholic	
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION Student
				12. AGE at the time of this birth (completed years) 19
	13. RESIDENCE (House No., St., Barangay) Margosatubig	(City/Municipality) Zamboanga Del Sur	(Province) Philippines	(Country)
FATHER	14. NAME (First) SHERWIN	(Middle) MAMUAD	(Last) MANDING	
	15. CITIZENSHIP Filipino	16. RELIGION/RELIGIOUS SECT Roman Catholic	17. OCCUPATION Student	
				18. AGE at the time of this birth (completed years) 19
	19. RESIDENCE (House No., St., Barangay) Brgy. 37 Calayab	(City/Municipality) Laoag City	(Province) Ilocos Norte	(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) N/A
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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 **1:00 A.M.** am/pm on the date of birth specified above.
 Signature *Melody Anne C. Dumlao-Baguyo* Address **LAOAG CITY GENERAL HOSPITAL**
 Name in Print **MELODY ANNE C. DUMLAO-BAGUYO, M.D.** **Laoag City, Ilocos Norte**
 Title or Position **Obstetrician-Gynecologist** Date **October 25, 2017**

22. CERTIFICATION OF INFORMANT
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.
 Signature *Rochelle R. Cosep*
 Name in Print **ROCHELLE R. COSEP**
 Relationship to the Child **Mother**
 Address **Margosatubig, Zamboanga Del Sur**
 Date **October 25, 2017**

23. PREPARED BY
 Signature *Ferdinand A. Tungpalan*
 Name in Print **FERDINAND A. TUNGPALAN**
 Title or Position **Records Officer I**
 Date **October 25, 2017**

24. RECEIVED BY
 Signature *Edelma V. Domingo*
 Name in Print **EDDELMA V. DOMINGO**
 Title or Position **Registration Officer I**
 Date **November 04, 2017**

25. REGISTERED BY THE CIVIL REGISTRAR
 Signature *Guadelino Jerry A. Pacso*
 Name in Print **GUDELINO JERRY A. PACSO**
 Title or Position **Asst. Registration Officer**
 Date **November 04, 2017**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)