

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

Province <b>CEBU</b>	Registry No. <b>2023 01438</b>
City/Municipality <b>CEBU CITY</b>	

<b>CHILD</b>	1. NAME (First) <b>FABLIENNE ARA</b> (Middle) <b>BATOCTOY</b> (Last) <b>GACHO</b>		
	2. SEX (Male / Female) <b>FEMALE</b>		
	3. DATE OF BIRTH (Day) <b>6</b> (Month) <b>JANUARY</b> (Year) <b>2023</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU</b>		
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>TWIN</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>SECOND</b>	5c. BIRTH ORDER (Order of the birth to previous live births including fetal deaths) (First, Second, Third, etc.) <b>SECOND</b>	6. WEIGHT AT BIRTH <b>1,830</b> grams

<b>MOTHER</b>	7. MAIDEN NAME (First) <b>CATHERINE MAE</b> (Middle) <b>ALFEREZ</b> (Last) <b>BATOCTOY</b>				
	8. CITIZENSHIP <b>FILIPINO</b>	9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>			
	10a. Total number of children born alive <b>2</b>	10b. No. of children still living including this birth <b>2</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>CALL CENTER AGENT</b>	12. AGE at the time of this birth (completed years) <b>22</b>
	13. RESIDENCE (House No., St., Barangay) <b>DANA O II, VALENCIA</b> (City/Municipality) <b>CARCAR CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>				

<b>FATHER</b>	14. NAME (First) <b>FRANKLINT</b> (Middle) <b>ABADILLA</b> (Last) <b>GACHO</b>			
	15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	17. OCCUPATION <b>CALL CENTER AGENT</b>	18. AGE at the time of this birth (completed years) <b>22</b>
	19. RESIDENCE (House No., St., Barangay) <b>DANA O II, VALENCIA</b> (City/Municipality) <b>CARCAR CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>			

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

20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>NOT MARRIED</b>
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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 **7:08 PM** am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address **VSMC, CEBU CITY**

Name in Print **ALTHEA JEAN SADRILLE W. CABACABA, M.D.**

Title or Position **MEDICAL OFFICER III** Date **JANUARY 6, 2023**

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.	23. PREPARED BY
Signature _____	Signature _____
Name in Print <b>CATHERINE MAE A. BATOCTOY</b>	Name in Print <b>SHERRYL P. ABELLANOSA</b>
Relationship to the Child <b>MOTHER</b>	Title or Position <b>CLERK</b>
Address <b>CARCAR CITY, CEBU</b>	Date <b>JANUARY 6, 2023</b>
Date <b>JANUARY 6, 2023</b>	

24. RECEIVED BY	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____	Signature _____
Name in Print <b>LUZ N. CUGAY</b>	Name in Print <b>PHILIPP A. MEGABON</b>
Title or Position <b>Administrative Aide III</b>	Title or Position <b>REGISTRATION OFFICER IV</b>
Date _____	Date <b>JAN 23 2023</b>

REMARKS/ANNOTATIONS (For LCRO/DCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR