

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2023 01437**
City/Municipality **CEBU CITY**

CHILD
1. NAME (First) **FABVIENNE LIA** (Middle) **BATOCTOY** (Last) **GACHO**
2. SEX (Male / Female) **FEMALE**
3. DATE OF BIRTH (Day) **6** (Month) **JANUARY** (Year) **2023**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) **VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU**
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **TWIN**
5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **FIRST**
5c. BIRTH ORDER (Only if twins) (First, Second, Third, etc.) **FIRST**
6. WEIGHT AT BIRTH **2,105** grams

MOTHER
7. MAIDEN NAME (First) **CATHERINE MAE** (Middle) **ALFEREZ** (Last) **BATOCTOY**
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 **CALL CENTER AGENT**
12. AGE at the time of this birth (completed years) **22**
13. RESIDENCE (House No. St. Barangay) **DANA O II, VALENCIA** (City/Municipality) **CARCAR CITY** (Province) **CEBU** (Country) **PHILIPPINES**

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

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 **7:07 PM** am/pm on the date of birth specified above

Signature _____
Name in Print **ALTHEA JEAN SADIWELLE W. CABACABA, M.D.** Address **VSMCMC, CEBU CITY**
Title or Position **MEDICAL OFFICER III**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief
Signature _____
Name in Print **CATHERINE MAE A. BATOCTOY**
Relationship to the Child **MOTHER**
Address **CARCAR CITY, CEBU**
Date **JANUARY 6, 2023**

23. PREPARED BY
Signature _____
Name in Print **SHERRYL P. ABELLANOSA**
Title or Position **CLERK**
Date **JANUARY 6, 2023**

24. RECEIVED BY
Signature _____
Name in Print **LUZ N. CUGAY**
Title or Position **Administrative Aide III**
Date **JAN 23 2023**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **PHILIP A. RECARON**
Title or Position **REGISTRATION OFFICER IV**
Date **JAN 23 2023**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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