



Municipal Form No. 109 (Revised January 2007) Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL accomplished in quadruplicate using black ink

### CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2012 37034**  
 City/Municipality **CEBU CITY**

**CHILD**  
 1. NAME (First) (Middle) (Last)  
**DANIELA NISHELY AGAO BUTLAY**  
 2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)  
**21 NOVEMBER 2012**  
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
**VICENTE SOTTO MEMORIAL MEDICAL CENTER / 9 RODRIGUEZ ST., CEBU CITY, CEBU**  
 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **3RD** 5c. BIRTH ORDER (Order of the birth to previous live births, including fetal death) (First, Second, Third, etc.) **3RD** 6. WEIGHT AT BIRTH **2,700** grams

**MOTHER**  
 7. MAIDEN NAME (First) (Middle) (Last)  
**DE ANNE AGAO**  
 8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
 10a. Total number of children born alive **3** 10b. No. of children still living including this birth **3** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **PRODUCTION WORKER** 12. AGE at the time of this birth (completed years) **30**  
 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**BASAK, LAPU-LAPU CITY, CEBU PHILIPPINES**

**FATHER**  
 14. NAME (First) (Middle) (Last)  
**ALVIN KILANTANG BUTLAY**  
 15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NONE** 18. AGE at the time of this birth (completed years) **27**  
 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**BASAK, LAPU-LAPU CITY, CEBU PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
 20a. DATE (Month) (Day) (Year) **JUNE 11, 2008** 20b. PLACE (City / Municipality) (Province) (Country)  
**LAPU-LAPU CITY, CEBU**

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 **5:54 AM** am/pm on the date of birth specified above.  
 Signature \_\_\_\_\_ Address **VSMCC, CEBU CITY, CEBU**  
 Name in Print **PRINCESS ALIZA LOREZO, MD**  
 Title or Position **MEDICAL OFFICER III** Date **11/21/2012**

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 **DE ANNE A. BUTLAY**  
 Relationship to the Child **MOTHER**  
 Address **LAPU-LAPU CITY, CEBU**  
 Date **11/21/2012**

23. PREPARED BY  
 Signature \_\_\_\_\_  
 Name in Print **ALONA J. MONTEJO**  
 Title or Position **CLERK**  
 Date **11/21/2012**

24. RECEIVED BY  
 Signature \_\_\_\_\_  
 Name in Print **RIDOLITO P. YBAÑEZ**  
 Title or Position **ADMINISTRATIVE AIDE 1**  
 Date **DEC 0 4 2012**

25. REGISTERED BY THE CIVIL REGISTRAR  
 Signature \_\_\_\_\_  
 Name in Print **OSCAR B. MOLO**  
 Title or Position **ASSISTANT CITY CIVIL REGISTRAR**  
 Date **DEC 0 4 2012**

REMARKS/ANNOTATIONS (For LCRQ/OCRG Use Only)

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