

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **Metro Manila**

Registry No.

City/Municipality **Taguig City**

2021-12799

CHILD

1. NAME **Roxane Marie** (First) **Tablate** (Middle) **Rabor** (Last)

2. SEX (Male / Female) **Female**

3. DATE OF BIRTH **09** (Day) **December** (Month) **2021** (Year)

4. PLACE OF BIRTH **Home No. St. Barangay** (City/Municipality) **December** (Province) **2021**

5. **10 Lanting St. Western Biotas** (Single, Twin, Triplet, etc.)

6. IF MULTIPLE BIRTH, CHILD NO. **N/A** (First, Second, Third, etc.)

7. BIRTH ORDER (Order of live births, including fetal death) **Fifth** (First, Second, Third, etc.)

8. WEIGHT AT BIRTH **2600** grams

MOTHER

7. MAIDEN NAME **Single** (First) **N/A** (Middle) **Fifth** (Last)

8. CITIZENSHIP **Ms. Edna** **Batulan** **Tablate**

9. RELIGION/RELIGIOUS SECT **Roman Catholic**

10a. Total number of children born alive **5**

10b. No. of children still living including this birth **5**

10c. No. of children born alive but are now dead **0**

11. OCCUPATION **Housekeeper**

12. AGE at the time of this birth (completed years) **40**

13. RESIDENCE (House No., St., Barangay) **27 Durian St. Katuparan** (City/Municipality) **Taguig City** (Province) **Metro Manila** (Country) **Philippines**

FATHER

14. NAME (First) (Middle) (Last)

15. CITIZENSHIP **Salvador** **Yañez** **Rabor**

16. RELIGION/RELIGIOUS SECT **Roman Catholic**

17. OCCUPATION **Self-employed**

18. AGE at the time of this birth (completed years) **36**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)

27 Durian St. Katuparan **Taguig City** **Metro Manila** **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 **11:55am** on the date of birth specified above.

Signature *Rizzaloe A. Ganotice*

Name in Print **Rizzaloe A. Ganotice**

Title or Position **OB-GYNE**

Address **#10 Lanting St. Western Biotas**

Taguig City, Metro Manila

Date **10 December 2021**

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature *Ms. Edna S. Tablate-Salac*

Name in Print **Ms. Edna S. Tablate-Salac**

Relationship to the Child **Mother**

Address **#27 Durian St. Katuparan, Taguig City**

Metro Manila

Date **10 December 2021**

23. PREPARED BY

Signature *Michelle R. Caballero*

Name in Print **Michelle R. Caballero**

Title or Position **Reg. Nurse**

Date **10 December 2021**

24. RECEIVED BY

Signature *Mary Jean P. Monsod*

Name in Print **MARY JEAN P. MONSOD**

Title or Position **ADMIN AIDE II**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature *Virginia E. Dela Torre*

Name in Print **VIRGINIA E. DELA TORRE**

Title or Position **ASST. REGISTRATION OFFICER**

CITY OF TAGUIG