

CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. **2016 22469**
City/Municipality CEBU CITY

CHILD
1. NAME (First) (Middle) (Last)
MARK LLEYTON DEJAN
2. SEX (Male / Female) **Male** 3. DATE OF BIRTH (Day) (Month) (Year)
27 August 2003
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
Napo Sapangdaku Cebu City Cebu
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 the birth to previous live births including fetal deaths) (First, Second, Third, etc.) **First** 6. WEIGHT AT BIRTH **2954** grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
MARICEL PATAMBAG DEJAN
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 **Housewife** 12. AGE at the time of this birth (completed years) **18**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
Napo Sapangdaku Cebu City Cebu Philippines

FATHER
14. NAME (First) (Middle) (Last)
MICHAEL JABAR ABRAHAM
15. CITIZENSHIP **Filipino** 16. RELIGION/RELIGIOUS SECT **Roman Catholic** 17. OCCUPATION **Driver** 18. AGE at the time of this birth (completed years) **23**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
Napo Sapangdaku Cebu City Cebu 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**

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 **4:25pm** am/pm on the date of birth specified above.
Signature **(Deceased)** Address **Napo Sapangdaku, Cebu City**
Name in Print **FELIPA JACABAN**
Title or Position **Hilot** Date **August 5, 2016**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature *[Signature]* 23. PREPARED BY
Name in Print **MARICEL P. DEJAN** Signature *[Signature]*
Relationship to the Child **Mother** Name in Print **MARICEL P. DEJAN**
Address **Napo Sapangdaku, Cebu City** Title or Position **Mother**
Date **August 5, 2016** Date **August 5, 2016**

24. RECEIVED BY
Signature *[Signature]* 25. REGISTERED BY THE CIVIL REGISTRAR
Name in Print **PONCIANA G. SABAL** Signature *[Signature]*
Title or Position **REGISTRAR** Name in Print **ATTY. EVANGELINE T. ARATAYO**
Date **AUG 19 2016** Title or Position **CEBU CITY CIVIL REGISTRAR**
Date **AUG 30 2016**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)
DECLINED REGISTRATION