



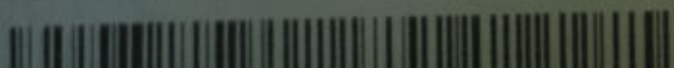
Revised April 2018

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province CEBU		Registry No. 2022 18435					
City/Municipality CEBU CITY							
CHILD	1. NAME (First) (Middle) (Last) SAFARA KLAYE NUÑEZ						
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 15 OCTOBER 2022					
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) SAINT ANTHONY MOTHER & CHILD HOSPITAL, BASAK SAN NICOLAS, 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 (Only in multiple births) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2850 grams			
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) TRISHA KRISSELLE EROA NUÑEZ						
	8. CITIZENSHIP FLIPINO		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 NONE			
	12. AGE at the time of this birth (Completed years) 20		13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 30-B TOMAS ABELLA ST., SAN NICOLAS CEBU CITY CEBU PHILIPPINES				
FATHER	14. NAME (First) (Middle) (Last) UNKNOWN						
	15. CITIZENSHIP N.A.		16. RELIGION/RELIGIOUS SECT N.A.				
	17. OCCUPATION N.A.		18. AGE at the time of this birth (Completed years) N.A.				
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) N.A. N.A. N.A.						
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)							
20a. DATE (Month) (Day) (Year) NOT APPLICABLE		20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE					
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 05:28 A.M. am/pm on the date of birth specified above.							
Signature _____ Name in Print DR. CHRISTENSEN B. BALAORO Title or Position Medical Officer III		Address SAMCH - BASAK, SAN NICOLAS CEBU CITY, CEBU Date OCTOBER 15, 2022					
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 TRISHA KRISSELLE E. NUÑEZ Relationship to the Child Mother Address 30-B Tomas Abella St., San Nicolas, Cebu City, Cebu Date October 15, 2022		23. PREPARED BY Signature _____ Name in Print MARY ANN T. VALMORIA Title or Position Nurse II Date October 15, 2022					
24. RECEIVED BY Signature _____ Name in Print LUZ N. B. CUGAY Title or Position Administrative Aide III Date OCT 28 2022		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print PHILIPP A. MEGABON Title or Position REGISTRATION OFFICER IV Date OCT 28 2022					
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							
8	9	11	13	15	16	17	19

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BEST POSSIBLE IMAGE



BReN
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority