

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

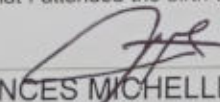
Province CEBU		Registry No. 2022 06726		
City/Municipality CEBU CITY				
CHILD	1. NAME (First) CHEI THALIA (Middle) BOLIVAR (Last)			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 14 (Month) APRIL (Year) 2022		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CEBU CITY MEDICAL CENTER 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 death) (First, Second, Third, etc.) FOURTH	6. WEIGHT AT BIRTH 3400 grams
MOTHER	7. MAIDEN NAME (First) MICAH GRACE (Middle) BURGOS (Last) BOLIVAR			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 4	10b. No. of children still living including this birth 3	10c. No. of children born alive but are now dead 1	11. OCCUPATION CALL CENTER AGENT
	12. AGE at the time of this birth (completed years) 25			
13. RESIDENCE (House No., St., Barangay) TAWAGAN I BARANGAY SIRAO		(City/Municipality) CEBU CITY	(Province) CEBU (Country) PHILIPPINES	
FATHER	14. NAME (First) UNKNOWN (Middle) UNKNOWN (Last)			
	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) N.A.		(City/Municipality) N.A. (Province) N.A. (Country) N.A.	

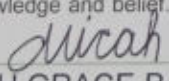
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

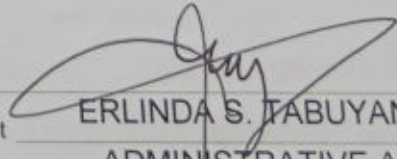
20a. DATE (Month) (Day) (Year) N.A.	20b. PLACE (City / Municipality) (Province) (Country) N.A.
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21a. ATTENDANT
 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) _____

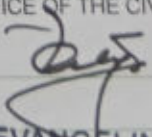
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **2:10 PM** am/pm on the date of birth specified above.

Signature  Address **N. BACALSO AVENUE**
 Name in Print **FRANCES MICHELLE B. CASTILLO, MD** **CEBU CITY**
 Title or Position **PHYSICIAN** Date **APRIL 14, 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 **MICAH GRACE B. BOLIVAR**
 Relationship to the Child **MOTHER**
 Address **TAWAGAN I BARANGAY SIRAO CEBU CITY**
 Date **APRIL 18, 2022**

23. PREPARED BY
 Signature 
 Name in Print **ERLINDA S. TABUYAN**
 Title or Position **ADMINISTRATIVE ASSISTANT II**
 Date **APRIL 18, 2022**

24. RECEIVED BY
 Signature 
 Name in Print **LUZ N. CUGAY**
 Title or Position **Administrative Aide III**
 Date **APR 27 2022**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature 
 Name in Print **ATTY. EVANGELINE T. ABATAYO**
 Title or Position **CEBU CITY CIVIL REGISTRAR**
 Date **APR 27 2022**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)