

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province **CEBU**

Registry No.

**2020 13100**

City/Municipality **CEBU CITY**

**C H I L D**

1. NAME (First) <b>CHAI THERESE</b>	(Middle) <b>BOLIVAR</b>	(Last)
2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) <b>01</b> (Month) <b>JULY</b> (Year) <b>2020</b>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>CEBU CITY MEDICAL CENTER</b>	(City/Municipality) <b>CEBU CITY</b>	(Province) <b>CEBU</b>
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N.A.</b>	5c. BIRTH ORDER (Order of the birth to previous live births including fetal deaths) (First, Second, Third, etc.) <b>THIRD</b>
		6. WEIGHT AT BIRTH <b>2500</b> grams

**M O T H E R**

7. MAIDEN NAME (First) <b>MICAH GRACE</b>	(Middle) <b>BURGOS</b>	(Last) <b>BOLIVAR</b>
8. CITIZENSHIP <b>FILIPINO</b>	9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
10a. Total number of children born alive <b>3</b>	10b. No. of children still living including this birth <b>3</b>	10c. No. of children born alive but are now dead <b>0</b>
11. OCCUPATION <b>CALL CENTER AGENT</b>		12. AGE at the time of this birth (completed years) <b>23</b>
13. RESIDENCE (House No., St., Barangay) <b>TAWAGAN I SIRAO</b>	(City/Municipality) <b>CEBU CITY</b>	(Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>

**F A T H E R**

14. NAME (First) <b>UNKNOWN</b>	(Middle)	(Last)
15. CITIZENSHIP <b>N.A.</b>	16. RELIGION/RELIGIOUS SECT <b>N.A.</b>	17. OCCUPATION <b>N.A.</b>
18. AGE at the time of this birth (completed years) <b>N.A.</b>		
19. RESIDENCE (House No., St., Barangay) <b>N.A.</b>	(City/Municipality) <b>N.A.</b>	(Province) (Country)

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

20a. DATE (Month) (Day) (Year) <b>N.A.</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>N.A.</b>
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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 **9:42 PM** am/pm on the date of birth specified above.

Signature <b>KIRA YAO</b>	Address <b>N. BACALSO AVENUE</b>
Name in Print <b>M.D.</b>	<b>CEBU CITY</b>
Title or Position	Date <b>JULY 01, 2020</b>

22. CERTIFICATION OF INFORMANT

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

Signature <b>MICAH</b>
Name in Print <b>MICAH GRACE B. BOLIVAR</b>
Relationship to the Child <b>MOTHER</b>
Address <b>TAWAGAN I SIRAO CEBU CITY</b>
Date <b>JULY 03, 2020</b>

23. PREPARED BY

Signature <b>ERLINDA S. TABUYAN</b>
Name in Print <b>ERLINDA S. TABUYAN</b>
Title or Position <b>ADMINISTRATIVE ASSISTANT II</b>
Date <b>JULY 03, 2020</b>

24. RECEIVED BY

Signature <b>LUZ N. CUGAY</b>
Name in Print <b>LUZ N. CUGAY</b>
Title or Position <b>Administrative Aide III</b>
Date <b>JUL 13 2020</b>

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature <b>PHILIPP A. MEGABON</b>
Name in Print <b>PHILIPP A. MEGABON</b>
Title or Position <b>REGISTRATION OFFICER IV</b>
Date <b>JUL 13 2020</b>

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)