

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

Province CEBU Registry No. 2020 17760  
City/Municipality CEBU CITY

**CHILD**  
1. NAME (First) DARRELL THADDEUS (Middle) (Last)  
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year) 07 SEPTEMBER 2020  
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 (Order of live birth to surviving live birth including胎死) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2550 grams

**MOTHER**  
7. MAIDEN NAME (First) (Middle) (Last) ELIZABETH PEDRIGOSA AMAHAN  
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 NONE 12. AGE at the time of the birth (completed years) 23  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BUHISAN CEBU CITY CEBU PHILIPPINES

**FATHER**  
14. NAME (First) (Middle) (Last) RICHARD PRESBITERO TANGARO  
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION NONE 18. AGE at the time of the birth (completed years) 24  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BUHISAN 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) 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 08:42 A.M. am/pm on the date of birth specified above.  
Signature \_\_\_\_\_ Address SAMCH - BASAK SAN NICOLAS  
Name in Print DR. JEE JOHN M. AMANTE CEBU CITY, CEBU  
Title or Position Contractual Medical Officer III Date SEPTEMBER 07, 2020

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 ELIZABETH P. AMAHAN  
Relationship to the Child Mother  
Address Buhisan, Cebu City, Cebu  
Date September 07, 2020

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print LYNFEL C. ABUZO  
Title or Position Nurse III  
Date September 07, 2020

24. RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print LUZ N. CUGAY  
Title or Position Administrative Aide III  
Date SEP 22 2020

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print PHILIPP A. MEGABON  
Title or Position REGISTRATION OFFICER IV  
Date SEP 22 2020

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)