

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

01804

Province <b>CEBU</b>	Registry No. <b>2023-01804</b>
City/Municipality <b>MANDAUE CITY</b>	

<b>CHILD</b>	1. NAME (First) (Middle) (Last) <b>ANGEL RAE BONTUYAN VILLARIN</b>		
	2. SEX (Male / Female) <b>FEMALE</b>		
	3. DATE OF BIRTH (Day) (Month) (Year) <b>24 FEBRUARY 2023</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>PAANAKAN SA MANDAUE TIPOLO MANDAUE CITY CEBU</b>		
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>NOT APPLICABLE</b>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal deaths) (First, Second, Third, etc.) <b>SECOND</b>	6. WEIGHT AT BIRTH <b>2650</b> grams

<b>MOTHER</b>	7. MAIDEN NAME (First) (Middle) (Last) <b>SYRRA MAE AMANDAC BONTUYAN</b>				
	8. CITIZENSHIP <b>FILIPINO</b>	9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>			
	10a. Total number of children born alive <b>2</b>	10b. No. of children still living including this birth <b>2</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>HOUSEKEEPER, OWN HOME</b>	12. AGE at the time of this birth (completed years) <b>22</b>
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>HERNAN CORTES TIPOLO MANDAUE CITY CEBU PHILIPPINES</b>				

<b>FATHER</b>	14. NAME (First) (Middle) (Last) <b>RODIL CUEVAS VILLARIN</b>			
	15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	17. OCCUPATION <b>DRIVER</b>	18. AGE at the time of this birth (completed years) <b>24</b>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>HERNAN CORTES TIPOLO MANDAUE CITY CEBU PHILIPPINES</b>			

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

20a. DATE (Month) (Day) (Year)	20b. PLACE (City / Municipality) (Province) (Country)
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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 **06:21 AM** am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address **TIPOLO, MANDAUE CITY**

Name in Print **JUVELYN D. SETERRA**

Title or Position **REGISTERED MIDWIFE** Date **FEBRUARY 24, 2023**

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.	23. PREPARED BY
Signature _____	Signature _____
Name in Print <b>SYRRA MAE A. BONTUYAN</b>	Name in Print <b>JESSA MAE M. RULONA</b>
Relationship to the Child <b>MOTHER</b>	Title or Position <b>MIDWIFE</b>
Address <b>HERNAN CORTES TIPOLO, MANDAUE CITY</b>	Date <b>FEBRUARY 24, 2023</b>
Date <b>FEBRUARY 24, 2023</b>	

24. RECEIVED BY	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____	Signature _____
Name in Print <b>EMMA LUR BERENDS</b>	Name in Print <b>THELMA C. CRISOLO</b>
Title or Position <b>OFFICE AIDE</b>	Title or Position <b>CITY CHIEF REGISTRAR</b>
Date <b>MAR 06 2023</b>	Date <b>MAR 06 2023</b>

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

