

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

1257

Province **CEBU** Registry No. **2017-10503**
City/Municipality **MANDAUE CITY**

CHILD

1. NAME (First) **RYANNE MAE** (Middle) **BONTUYAN** (Last) **VILLARIN**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **21** (Month) **NOVEMBER** (Year) **2017**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **PAANAKAN SA MANDAUE TIPOLO,** (City/Municipality) **MANDAUE CITY** (Province) **CEBU**
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **FIRST** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **3100** grams

MOTHER

7. MAIDEN NAME (First) **SYRRA MAE** (Middle) **AMANDAC** (Last) **BONTUYAN**
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 **NOT STATED** 12. AGE at the time of this birth (completed years) **17**
13. RESIDENCE (House No., St., Barangay) **SUBANGDAKU** (City/Municipality) **MANDAUE CITY** (Province) **CEBU** (Country) **PHILIPPINES**

FATHER

14. NAME (First) **RODIL** (Middle) **CUEVAS** (Last) **VILLARIN**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NOT STATED** 18. AGE at the time of this birth (completed years) **19**
19. RESIDENCE (House No., St., Barangay) **SUBANGDAKU** (City/Municipality) **MANDAUE CITY** (Province) **CEBU** (Country) **PHILIPPINES**

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)

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 **09:25 AM** am/pm on the date of birth specified above.
Signature _____ Address **TIPOLO, MANDAUE CITY**
Name in Print **ELSIE P. CARSON**
Title or Position **R.M.** Date **NOVEMBER 21, 2017**

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 **SYRRA MAE AMANDAC BONTUYAN**
Relationship to the Child **MOTHER**
Address **SUBANGDAKU, MANDAUE CITY**
Date **NOVEMBER 21, 2017**

23. PREPARED BY
Signature _____
Name in Print **ESTER D. RUELAN**
Title or Position **R.M.**
Date **NOVEMBER 21, 2017**

24. RECEIVED BY
Signature _____
Name in Print **EMMA LU R. BERENDSE**
Title or Position **OFFICE AID**
Date **DEC 07 2017**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **TRELMA C. CRISOL OBO**
Title or Position **CITY CIVIL REGISTRAR**
Date **DEC 07 2017**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)