

(To be accomplished in quadruplicate using black ink)

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

Province **CEBU** Registry No. **2023 21922**
City/Municipality **CEBU CITY**

CHILD

1. NAME (First) **KAI DYLAN** (Middle) **ARSULA** (Last) **LABORTE**
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **10** (Month) **DECEMBER** (Year) **2023**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/
House No., St., Barangay) (City/Municipality) (Province)
CEBU PUERI. CENTER & MATERNITY HOUSE, INC., 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 this birth to previous live births including fetal death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **2850** grams

MOTHER

7. MAIDEN NAME (First) **QUENIE NICE** (Middle) **MENDOZA** (Last) **ARSULA**
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 **HOUSEWIFE** 12. AGE at the time of this birth (completed years) **21**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BIHONAN ST. CANSOJONG, TALISAY CITY, CEBU, PHILIPPINES

FATHER

14. NAME (First) **OWE** (Middle) **BAJENTING** (Last) **LABORTE**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **VIRTUAL ASSISTANT** 18. AGE at the time of this birth (completed years) **22**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BIHONAN ST. CANSOJONG, TALISAY CITY, CEBU, PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) **OCTOBER 18 2023** 20b. PLACE (City / Municipality) (Province) (Country)
TALISAY CITY CEBU PHILIPPINES

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 Attendants/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **09:10 AM** am/pm on the date of birth specified above.

Signature **ROSCARLA R. SIMBAJON, MD** Address **CEBU PUER. CNTR & MATERNITY HOUSE, INC. CEBU CITY, CEBU**
Name in Print **PHYSICIAN** Date **DECEMBER 10, 2023**
Title or Position

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature **QUENIE NICE A. LABORTE** Signature **VIVIAN V. MACHACON**
Name in Print **MOTHER** Name in Print **BIRTH CERT. INCHARGE**
Relationship to the Child **BIHONAN ST. CANSOJONG, TALISAY CITY, CEBU** Title or Position **DECEMBER 10, 2023**
Address **DECEMBER 10, 2023** Date

24. RECEIVED BY
Signature **LUZ N. CUGAY** Signature **PHILIPP A. MEGABON**
Name in Print **Administrative Aide III** Name in Print **REGISTRATION OFFICER IV**
Title or Position **DEC 15 2023** Date

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature **PHILIPP A. MEGABON**
Name in Print **REGISTRATION OFFICER IV**
Title or Position **DEC 15 2023** Date

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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