

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

03053

Province **CEBU** Registry No. **2024-03053**  
City/Municipality **MANDAUE CITY**

**CHILD**  
1. NAME (First) **ANAIH CELESTINE** (Middle) **TALINGTING** (Last) **DORIA**  
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **19** (Month) **APRIL** (Year) **2024**  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **ST LAIRE PAANAKAN & FPS., 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.) **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 **3,300** grams

**MOTHER**  
7. MAIDEN NAME (First) **MARIANELLE** (Middle) **ACUSAR** (Last) **TALINGTING**  
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) **LAGTANG** (City/Municipality) **TALISAY CITY** (Province) **CEBU** (Country) **PHILIPPINES**

**FATHER**  
14. NAME (First) **REN MIKE JESTER** (Middle) **MOCAY** (Last) **DORIA**  
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **KITCHEN STAFF** 18. AGE at the time of this birth (completed years) **24**  
19. RESIDENCE (House No., St., Barangay) **LAGTANG** (City/Municipality) **TALISAY 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) **MARCH 21 2024** 20b. PLACE (City / Municipality) (Province) (Country) **NORTH RECLAMATION AREA CEBU CITY 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 Attendant/Hilot, etc.)  
I hereby certify that I attended the birth of the child who was born alive at **10:16 PM** on the date of birth specified above.  
Signature \_\_\_\_\_ Address **TIPOLO, MANDAUE CITY, CEBU**  
Name in Print **MARY BETH NICHELLE R. HOFER-DE LOS SANTOS**  
Title or Position **PHYSICIAN** Date **APRIL 19, 2024**

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 **MARIANELLE T. DORIA**  
Relationship to the Child **MOTHER**  
Address **LAGTANG, TALISAY CITY, CEBU**  
Date **APRIL 19, 2024**

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print **CHRISTIAN B. OLIVER**  
Title or Position **MIDWIFE**  
Date **APRIL 19, 2024**

24 RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print **ANALIZA P. FONTANOZA**  
Title or Position **OFFICE AIDE**  
Date **APR 29 2024**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print **HELMIA C. CRISOLOG**  
Title or Position **CITY CIVIL REGISTRAR**  
Date **APR 29 2024**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

