



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

Registry No.
2011 17976

Province **Cebu**
City/Municipality **Cebu City**

CHILD	1. NAME (First) Arielle (Middle) Cabriles (Last) Latoja		
	2. SEX (Male / Female) Female	3. DATE OF BIRTH (Day) 01 (Month) July (Year) 2011	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) Inayawan Health Center (City/Municipality) Cebu City (Province) Cebu		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) 2nd

MOTHER	7. MAIDEN NAME (First) Jacqueline (Middle) Sabellano (Last) Cabriles				
	8. CITIZENSHIP Filipino		9. RELIGION/RELIGIOUS SECT Roman Catholic		
	10a. Total number of children born alive 2	10b. No. of children still living including this birth 2	10c. No. of children born alive but are now dead 0	11. OCCUPATION Housekeeper	12. AGE at the time of this birth (completed years) 22
	13. RESIDENCE (House No., St., Barangay) Sitio San Antonio, Inayawan, Cebu City (City/Municipality) Cebu (Province) Philippines (Country)				

FATHER	14. NAME (First) Dexter (Middle) Agato (Last) Latoja				
	15. CITIZENSHIP Filipino		16. RELIGION/RELIGIOUS SECT Roman Catholic	17. OCCUPATION Security Guard	18. AGE at the time of this birth (completed years) 27
	19. RESIDENCE (House No., St., Barangay) Sitio San Antonio, Inayawan, Cebu City (City/Municipality) Cebu (Province) Philippines (Country)				

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) _____

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 **4:30 pm** on the date of birth specified above.

Signature _____ Address **Inayawan Health Center**
 Name in Print **Judith T. Abellanosa** **Inayawan, Cebu City**
 Title or Position **PHM** Date **July 01, 2011**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature _____ Address **Sitio San Antonio, Inayawan, Cebu City**
 Name in Print **Jacqueline S. Cabriles** Date **July 01, 2011**
 Relationship to the Child **Mother**

23. PREPARED BY

Signature _____
 Name in Print **Judith T. Abellanosa**
 Title or Position **PHM**

24. RECEIVED BY

Signature _____
 Name in Print **Ridolito P. Ybañes**
 Title or Position **Administrative Aide I**
 Date **JUL 13 2011**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature _____
 Name in Print **Oscar B. Molo**
 Title or Position **Registration Officer IV**
 Date **JUL 13 2011**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)