

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2022 19787
City/Municipality CEBU CITY	

C H I L D	1. NAME (First) (Middle) (Last) KAI ACHILLES THEODEN ABAS VILLONA		
	2. SEX (Male / Female) MALE		3. DATE OF BIRTH (Day) (Month) (Year) 28 OCTOBER 2022
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., 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.) 1ST

M O T H E R	7. MAIDEN NAME (First) (Middle) (Last) CHERRY MAE ABAS			
	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 NONE
	12. AGE at the time of this birth (completed years) 21			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SITIO MANGA, TISA CEBU CITY CEBU PHILIPPINES				

F A T H E R	14. NAME (First) (Middle) (Last) ADRIAN LOPEZ VILLONA		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	17. OCCUPATION NONE		18. AGE at the time of this birth (completed years) 23
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SITIO MANGA, TISA CEBU CITY CEBU PHILIPPINES		

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

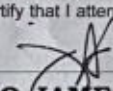
20a. DATE (Month) (Day) (Year) NOT MARRIED	20b. PLACE (City / Municipality) (Province) (Country) NOT MARRIED
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21a. ATTENDANT

1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)

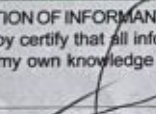

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)


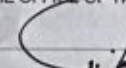
I hereby certify that I attended the birth of the child who was born alive at **8:15 AM** on the date of birth specified above.

Signature:  Address: **VSMC, CEBU CITY**

Name in Print: **DINO JAMES ABONG, MD**

Title or Position: **MEDICAL OFFICER III** Date: **OCTOBER 28, 2022**

<p>22. CERTIFICATION OF INFORMANT</p> <p>I hereby certify that all information supplied are true and correct to my own knowledge and belief.</p> <p>Signature: </p> <p>Name in Print: CHERRY MAE ABAS</p> <p>Relationship to the Child: MOTHER</p> <p>Address: CEBU CITY, CEBU</p> <p>Date: OCTOBER 28, 2022</p>	<p>23. PREPARED BY</p> <p>Signature: </p> <p>Name in Print: JEHZEL C. BARDINAS</p> <p>Title or Position: CLERK</p> <p>Date: OCTOBER 28, 2022</p>
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<p>24. RECEIVED BY</p> <p>Signature: </p> <p>Name in Print: LUZ N. CUGAY</p> <p>Title or Position: Administrative Aide III</p> <p>Date: NOV 18 2022</p>	<p>25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>Signature: </p> <p>Name in Print: PHILIPP A. MEGABON</p> <p>Title or Position: REGISTRATION OFFICER IV</p> <p>Date: NOV 18 2022</p>
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REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

8	9	11	13	15	16	17	19