

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

Province Cebu Registry No. 2022 04721
City/Municipality Cebu City

CHILD

1. NAME (First) (Middle) (Last)
Brielle Kate Garcia Opina

2. SEX (Male / Female) Female 3. DATE OF BIRTH (Day) (Month) (Year)
09 March 2022

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/
House No., St., Barangay) (City/Municipality) (Province)
St. Vincent General Hospital Cebu, 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 the birth to previous live births including fetal death) (First, Second, Third, etc.) First 6. WEIGHT AT BIRTH 2600 grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
Abigail Grace Abellanosa Garcia

8. CITIZENSHIP Filipino 9. RELIGION/RELIGIOUS SECT Roman Catholic

10a. Total number of children born alive 01 10b. No. of children still living including this birth 01 10c. No. of children born alive but are now dead 00 11. OCCUPATION QA Analyst (BPO) 12. AGE at the time of this birth (completed years) 26

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
3rd St. Sunrise Village, Pardo Cebu City Cebu Philippines

FATHER

14. NAME (First) (Middle) (Last)
Elman Alin Opina

15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT Roman Catholic 17. OCCUPATION Training Manager @ BPO 18. AGE at the time of this birth (completed years) 32

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
Purok 5, San Jose, Talamban 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) N/A

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 9:34 pm am/pm on the date of birth specified above.

Signature _____ Address c/o St. Vincent General Hospital Cebu, Inc.
Name in Print Maria Nanette Go Suarez, M.D. Cebu City, Cebu
Title or Position Attending Physician Date March 11, 2022

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

Signature _____ Address 3rd St. Sunrise Village, Pardo, Cebu City, Cebu
Name in Print Abigail Grace Abellanosa Garcia Date March 11, 2022
Relationship to the Child Mother

23. PREPARED BY
Signature _____ Title or Position Medical Records Staff
Name in Print Almira E. Abregondo Date March 11, 2022

24. RECEIVED BY
Signature _____ Date MAR 18 2022
Name in Print LUZ N. CUGAY
Title or Position Administrative Aide III

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____ Date MAR 18 2022
Name in Print PHILIP A. MEGABON
Title or Position REGISTRATION OFFICER IV

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)