

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province	CEBU	Registry No.	2023-1791
City/Municipality	CITY OF NAGA		

CHILD	1. NAME (First) AZHARIAH CHESCA ROSE (Middle) CAÑADA (Last) LASCUÑA		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 19 (Month) OCTOBER (Year) 2023	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) YIEF BIRTHING CLINIC, INAYAGAN CITY OF NAGA (City/Municipality) CEBU (Province)		
	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

MOTHER	7. MAIDEN NAME (First) BONITA (Middle) (Last) CAÑADA			
	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 HOUSEKEEPER
	12. AGE at the time of this birth (completed years) 23			
13. RESIDENCE (House No., St., Barangay) COLON (City/Municipality) CITY OF NAGA (Province) CEBU (Country) PHILIPPINES				

FATHER	14. NAME (First) ELBRIDGE JR. (Middle) ENCALLADO (Last) LASCUÑA		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	17. OCCUPATION SKILLED WORKER		18. AGE at the time of this birth (completed years) 24
	19. RESIDENCE (House No., St., Barangay) INAYAGAN (City/Municipality) CITY OF NAGA (Province) CEBU (Country) PHILIPPINES		

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

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

1 Physician _____ 2 Nurse _____ 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 **10:20PM** on the date of birth specified above.

Signature **NORMINA A. TABAYAG** Address **CITY OF NAGA, CEBU**
 Name in Print **REGISTERED MIDWIFE** Date **October 24, 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 **BONITA CAÑADA**
 Name in Print **MOTHER**
 Relationship to the Child **COLON, CITY OF NAGA, CEBU**
 Address **October 24, 2023**
 Date _____

23. PREPARED BY

Signature **IVEN L. TAN**
 Name in Print **CLERK**
 Title or Position **October 24, 2023**
 Date _____

24. RECEIVED BY

Signature **EVA ROSALES LAPUT**
 Name in Print **Registration Officer III**
 Title or Position **City of Naga, Cebu**
 Date **NOV 17 2023**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature **ANGELITA C. GENERALE**
 Name in Print **CITY CIVIL REGISTRAR**
 Title or Position **CITY OF NAGA, CEBU**
 Date **NOV 17 2023**

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