

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

Province CEBU Registry No. 2024-00828
City/Municipality MANDAUE CITY (Middle) (Last)

CHILD
1. NAME (First) (Middle) (Last)
STEFFIE ELIANA LEXIN LLENO CABALSE
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) (Month) (Year)
19 JANUARY 2024
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay)
EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO MANDAUE CITY CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FOURTH 6. WEIGHT AT BIRTH 2570 grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
JESSA CUIZON LLENO
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
10a. Total number of children born alive 4 10b. No. of children still living including this birth 4 10c. No. of children born alive but are now dead 0 11. OCCUPATION CALL CENTER ASSISTANT/REPRESENTATIVE 12. AGE at the time of this birth (completed years) 31
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
CANJULAO LAPU-LAPU CITY CEBU PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last)
PATRICIO, JR CAMOS CABALSE
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION CONSTRUCTION LABORER 18. AGE at the time of this birth (completed years) 32
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
CANJULAO LAPU-LAPU 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 APPLICABLE

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 12:42 PM am/pm on the date of birth specified above.

Signature [Signature] Address C/O EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO, MANDAUE CITY, CEBU
Name in Print MARIA PRESCILLA P. SECLON, MD
Title or Position MEDICAL OFFICER IV Date JANUARY 20, 2024

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature [Signature]
Name in Print JESSA CUIZON LLENO
Relationship to the Child MOTHER
Address CANJULAO, LAPU-LAPU CITY
Date JANUARY 20, 2024

23. PREPARED BY
Signature [Signature]
Name in Print BERNA MAE P. CANOY
Title or Position HEALTH INFORMATION MGT. AIDE
Date JANUARY 20, 2024

24. RECEIVED BY
Signature [Signature]
Name in Print ANALIZA P. FONTANOZA
Title or Position OFFICE AIDE
Date JAN 30 2024

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print THELMA C. CRISOLOGO
Title or Position CITY CIVIL REGISTRAR
Date JAN 30 2024

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)



TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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OFFICIAL RECEIPT
Republic of the Philippines
OFFICE OF THE TREASURER
City of Mandaue