

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2022 03701
City/Municipality CEBU CITY	

CHILD	1. NAME (First) AMARA JANE (Middle) (Last) LOPEZ	
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 18 (Month) FEBRUARY (Year) 2022
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CEBU PUERI. CENTER & MATERNITY HOUSE, 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 this birth to previous live births including fetal death) (First, Second, etc.) FIRST	6. WEIGHT AT BIRTH 3100 grams

MOTHER	7. MAIDEN NAME (First) CYNTHIA JOY (Middle) (Last) LOPEZ	
	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 CALL CENTER AGENT
		12. AGE at the time of this birth (completed years) 21
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) KALUBIHAN, TALAMBAN, CEBU CITY, CEBU, PHILIPPINES		

FATHER	14. NAME (First) (Middle) (Last) UNKNOWN	
	15. CITIZENSHIP N.A.	16. RELIGION/RELIGIOUS SECT N.A.
	17. OCCUPATION N.A.	18. AGE at the time of this birth (completed years) N.A.
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) N.A.		

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

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

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, etc.) **03:14 AM**

I hereby certify that I attended the birth of the child who was born alive at _____ am/pm on the date of birth specified above.

Signature **MARY HAYETH C. PAILDEN, MD** Address **CEBU PUERI. CENTER & MATERNITY HOUSE, INC., , CEBU CITY, CEBU**

Name in Print **PHYSICIAN**

Title or Position _____ Date **FEBRUARY 18, 2022**

22. CERTIFICATION OF INFORMANT

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

Signature **CYNTHIA JOY LOPEZ**

Name in Print **MOTHER**

Relationship to the Child **MOTHER**

Address **KALUBIHAN, TALAMBAN, CEBU CITY, CEBU**

Date **FEBRUARY 18, 2022**

23. PREPARED BY

Signature **MARGIE S. TABORADA**

Name in Print **CLERK**

Title or Position _____ Date **FEBRUARY 18, 2022**

24. RECEIVED BY

Signature **LUZ N. CUGAY**

Name in Print **LUZ N. CUGAY**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____

Name in Print **ATTY. EVANGELINE T. ARATAYO**