

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Registry No.  
: 2017-4752

Province **Cebu**  
City/Municipality **Lapu-Lapu City**

CHILD

1. NAME (First) **Keu Angelo** (Middle) **Larayos** (Last) **Fatalinghug**

2. SEX (Male/Female) **Male**

3. DATE OF BIRTH (Month) **1** (Day) **August** (Year) **2017**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) **CFC H, INC.** (City/Municipality) **Lapu-Lapu City** (Province) **Cebu**

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **Single**

5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **1st**

6. WEIGHT AT BIRTH **2586** grams

MOTHER

7. MOTHER'S NAME (First) **Protze Joyce** (Middle) **Alfajardo** (Last) **Larayos**

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) **18**

13. RESIDENCE (House No., St., Barangay) **Pusok** (City/Municipality) **Lapu-Lapu City** (Province) **Cebu** (Country) **Philippines**

FATHER

14. NAME (First) **Archie** (Middle) **Abayata** (Last) **Fatalinghug**

15. CITIZENSHIP **Filipino**

16. RELIGION/RELIGIOUS SECT **Roman Catholic**

17. OCCUPATION **Student**

18. AGE at the time of this birth (completed years) **18**

19. RESIDENCE (House No., St., Barangay) **Pusok** (City/Municipality) **Lapu-Lapu City** (Province) **Cebu** (Country) **Philippines**

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

20a. DATE (Month) (Day) (Year) **not married**

20b. PLACE (City/Municipality) (Province) (Country)

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 only)  
I hereby certify that I attended the birth of the child who was born alive at **4:20 PM** on the date of birth specified above.

Signature *Mary Jane Solis* Address **CFC, Lapu-Lapu City**

Name in Print **Mary Jane Solis**

Title or Position **Reg. Nurse**

Date **August 10, 2017**

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

Signature *Protze Joyce A. Larayos*

Name in Print **Protze Joyce A. Larayos**

Relationship to the Child **mother**

Address **Pusok, Lapu-Lapu City**

Date **August 10, 2017**

24. RECEIVED BY *Mansel R. Pactlan, Jr.*

Signature *Mansel R. Pactlan, Jr.*

Name in Print **MANSSEL R. PACTLAN, JR.**

Title or Position **ASSISTANT REGISTRATION OFFICER  
LAPU-LAPU CITY**

Date **AUG 10 2017**

23. PREPARED BY *Leoncia L. Ramos*

Signature *Leoncia L. Ramos*

Name in Print **Leoncia L. Ramos**

Title or Position **Clerk**

Date **August 10, 2017**

25. REGISTERED BY THE CIVIL REGISTRAR *Yolanda S. Pangatungan*

Signature *Yolanda S. Pangatungan*

Name in Print **YOLANDA S. PANGATUNGAN**

Title or Position **OIC-CITY CIVIL REGISTRAR  
LAPU-LAPU CITY**

Date **AUG 15 2017**

REMARKS/ANNOTATIONS (For LCRO/CRG Use Only)