

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

Province **CEBU**
City/Municipality **LAPU-LAPU CITY**

Registry No. **2024-1997**

CHILD	1. NAME (First) JOHAN (Middle) MENDEZ (Last) PINGA	
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 29 (Month) MARCH (Year) 2024
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CARAJAY CHILDREN'S AND MATERNITY CLINIC (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.) NOT APPLICABLE

MOTHER	7. MAIDEN NAME (First) SHARORI MAY (Middle) MARINAS (Last) MENDEZ	
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	10a. Total number of children born alive 2	10b. No. of children still living including this birth 2
	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEWIFE

12. AGE at the time of this birth **34** completed years

13. RESIDENCE (House No., St., Barangay) PUROK SHOOTING STAR, BABAG II (City/Municipality) LAPU-LAPU CITY (Province) CEBU (Country) PHILIPPINES

FATHER	14. NAME (First) CEASAR III (Middle) CANETE (Last) PINGA	
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	17. OCCUPATION BPO- CALL CENTER	18. AGE at the time of this birth 37 completed years

19. RESIDENCE (House No., St., Barangay) PUROK SHOOTING STAR, BABAG II (City/Municipality) LAPU-LAPU CITY (Province) CEBU (Country) PHILIPPINES

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

20a. DATE (Month) JANUARY (Day) 10 (Year) 2015	20b. PLACE (City / Municipality) LAPU-LAPU CITY (Province) CEBU (Country) PHILIPPINES
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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, etc.)

I hereby certify that I attended the birth of the child who was born alive at **06:15 AM** am/pm on the date of birth specified above.

A. TUMULAK ST. GUN-OB LAPU-LAPU CITY, CEBU

Signature *Airen E. Tanza* Address _____

Name in Print **DR. AIREN E. TANZA** Date **MARCH 29, 2024**

Title or Position **ATTENDING PHYSICIAN**

22. CERTIFICATION OF INFORMANT

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

Signature *Sharori May Marinas Mendez*

Name in Print **SHARORI MAY MARINAS MENDEZ**

Relationship to the Child **MOTHER**

Address **BABAG II, LAPU-LAPU CITY, CEBU CITY**

Date **MARCH 29, 2024**

23. PREPARED BY

Signature *Jamaica A. Tulop*

Name in Print **JAMAICA A. TULOP**

Title or Position **REGISTERED MIDWIFE**

Date **MARCH 29, 2024**

24. RECEIVED BY

Signature *Manuel R. Pacilan Jr.*

Name in Print **MANUEL R. PACILAN JR.**

Title or Position **ASSISTANT REGISTRATION OFFICER**

Date **APR 01 2024**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature *Melissa P. Augusto*

Name in Print **MELISSA P. AUGUSTO**

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

Date **APR 01 2024**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

1 MISCARRIAGE

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8	9	11	13	15	16	17	19