

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. **2014 13278**
City/Municipality CEBU CITY

CHILD	1. NAME (First) (Middle) (Last) <u>ARKEEM RUBI PRECILLAS TUGADO</u>		
	2. SEX <input checked="" type="checkbox"/> Male / Female <u>FEMALE</u>	3. DATE OF BIRTH (Day) (Month) (Year) <u>19 APRIL 2014</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>ST. ANTHONY MOTHER & CHILD HOSPITAL, BASAK, SAN NICOLAS, CEBU CITY, CEBU</u>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>N.A.</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>FIRST</u>

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <u>LOVELYN RICAPLAZA PRECILLAS</u>			
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	
	10a. Total number of children born alive <u>1</u>	10b. No. of children still living including this birth <u>1</u>	10c. No. of children born alive but are now dead <u>0</u>	11. OCCUPATION <u>NONE</u>
	12. AGE at the time of this birth (completed years) <u>19</u>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>SAMBAG I, TORMES EXT. CEBU CITY CEBU PHILIPPINES</u>				

FATHER	14. NAME (First) (Middle) (Last) <u>OLIVER BEQUILLA TUGADO</u>		
	15. CITIZENSHIP <u>FILIPINO</u>		16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>
	17. OCCUPATION <u>LABORER</u>		18. AGE at the time of this birth (completed years) <u>33</u>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>SAMBAG I, TORMES EXT. CEBU CITY CEBU PHILIPPINES</u>		

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 12:21 P.M. am/pm on the date of birth specified above.

Signature _____ Address SAMBAG BASAK, SAN NICOLAS
 Name in Print DR. SHELA MARIE D. LABAYA CEBU CITY, CEBU
 Title or Position Medical Officer III Date APRIL 19, 2014

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

Signature _____ Address Sambag I, Tormes Ext. Cebu City, Cebu
 Name in Print LOVELYN R. PRECILLAS
 Relationship to the Child Mother
 Date April 19, 2014

23. PREPARED BY
 Signature _____
 Name in Print CATHERINE I. MOSQUEDA
 Title or Position Nurse III
 Date April 19, 2014

24. RECEIVED BY
 Signature _____
 Name in Print LUZ N. CUGAY
 Title or Position ADMINISTRATIVE AIDE III
 Date MAY 02 2014

25. REGISTERED BY THE CIVIL REGISTRAR
 Signature _____
 Name in Print PHILIP A. MEGARON
 Title or Position REGISTRATION OFFICER IV
 Date MAY 02 2014

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)