



Municipal Form No. 107
(Revised August 2019)

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

accomplished in duplicate using blue ink

Province CEBU		Registry No.		
City/Municipality DANAO CITY		2019 1209		
CHILD	1. NAME (First) CLIVE MARIBON (Middle) ARIGO (Last) ALMADEN			
	2. SEX (Male/Female) MALE	3. DATE OF BIRTH (Day) 21 (Month) MARCH (Year) 2019		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) CEBU PROVINCIAL HOSPITAL (DANAO CITY) (City/Municipality) DANAO CITY (Province) 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 (Lowest to highest or highest to lowest including twinning) (First, Second, Third, etc.) SECOND	5. WEIGHT AT BIRTH (grams) 2600
MOTHER	7. MOTHER'S NAME (First) MA. RHELA (Middle) DALIN (Last) SARAGO			
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS BELIEF 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 CHIEF AND CONTROL NURSE
	13. RESIDENCE (House No., St., Barangay) MAGAY (City/Municipality) COMPOSTELA (Province) CEBU (Country) PHILIPPINES			
FATHER	14. NAME (First) ROSELLER (Middle) BATUCAN (Last) ALMADEN			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS BELIEF ROMAN CATHOLIC	17. OCCUPATION NONE	
	18. RESIDENCE (House No., St., Barangay) MAGAY (City/Municipality) COMPOSTELA (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) DECEMBER 23, 2017	20b. PLACE (City/Municipality) (Province) (Country) MASLOG, DANAO CITY CEBU PHILIPPINES			
21a. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Mid (Traditional Birth Attendant) <input type="checkbox"/> Others (Specify):				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, or Mid) I hereby certify that I attended the birth of the child who was born at CITY OF DANAO CEBU PROVINCIAL HOSPITAL (DANAO CITY) on the date of birth specified above. Signature: CYNTHIA D. OMICIN M.D. Title or Position: ATTENDING PHYSICIAN Date: MARCH 21, 2019				
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my best knowledge and belief. Signature: ROSELLER B. ALMADEN Title or Position: FATHER Date: MARCH 21, 2019 Relationship to the Child: MAGAY, COMPOSTELA, CEBU Address: MARCH 21, 2019				
24. RECEIVED BY Signature: MARIA CONCHITA B. ROBLE Name in Print: MARIA CONCHITA B. ROBLE Title or Position: ASSISTANT REGISTRATION OFFICER Date: APRIL 1, 2019		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: ROLDAN M. PEREZ Name in Print: ROLDAN M. PEREZ Title or Position: CITY CIVIL REGISTRAR Date: APRIL 1, 2019		
REMARKS/ANNOTATIONS (For LCRO/CRG Use Only)				
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR				



07649-3G-400JRA-01262-BI010

BEST POSSIBLE IMAGE



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BReN
02223-B19EM09-5

Documentary
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CLAIRE DENNIS S. MAPA, Ph. D
National Statistician and Civil Registrar General
Philippine Statistics Authority

