

CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. 2022 11028
 City/Municipality CEBU CITY

CHILD
 1. NAME (First) GON SYNYSYTER (Middle) DELA PEÑA (Last) POCDOL (Year) 2022
 2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) 22 (Month) JUNE (Province) CEBU
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) SAINT ANTHONY MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, 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 the birth or previous live births including still birth) (First, Second, Third, etc.) THIRD 6. WEIGHT AT BIRTH 3500 grams

MOTHER
 7. MAIDEN NAME (First) JOANNA (Middle) NATURAL (Last) DELA PEÑA
 8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
 10a. Total number of children born alive 3 10b. No. of children still living excluding this birth 3 10c. No. of children born alive but are now dead 0 11. OCCUPATION HOUSEWIFE 12. AGE at the time of this birth (completed years) 27
 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
LOREGA ST., SITIO LAWIS LOREGA SAN MIGUEL CEBU CITY CEBU PHILIPPINES

FATHER
 14. NAME (First) JEMIEVIR (Middle) ABELLA (Last) POCDOL
 15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION NONE 18. AGE at the time of this birth (completed years) 28
 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
LOREGA ST., SITIO LAWIS LOREGA SAN MIGUEL CEBU CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
 20a. DATE (Month) (Day) (Year) 20b. PLACE (City / Municipality) (Province) (Country)
SEPTEMBER 21, 2021 CEBU CITY CEBU PHILIPPINES

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 07:14 A.M. on the date of birth specified above.

Signature _____ Address SAMCH - BASAK SAN NICOLAS
 Name in Print DR. MARK LEO G. JAVIER CEBU CITY, CEBU
 Title or Position Medical Officer III Date JUNE 22, 2022

22. CERTIFICATION OF INFORMANT
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.
 Signature _____
 Name in Print JEMIEVIR A. POCDOL
 Relationship to the Child Father
 Address Lorega St., Sitio Lawis Lorega San Miguel, Cebu City, Cebu
 Date June 22, 2022

23. PREPARED BY
 Signature _____
 Name in Print DINNAH MAE C. ENRIQUEZ
 Title or Position Nurse II
 Date June 22, 2022

24. RECEIVED BY
 Signature _____
 Name in Print LUZ N. CUGAY
 Title or Position Administrative Aide III
 Date JUL 11 2022

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print ATTY. EVANGELINE T. ABATAYO
 Title or Position CEBU CITY CIVIL REGISTRAR
 Date JUL 11 2022

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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