



Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 10a.)

REMARKS/ANNOTATION

Province **CEBU** Registration No. **2004 33616**
 City/Municipality **CEBU CITY**

1. NAME (First) (Middle) (Last)
HANESSA **RAPAL**

2. SEX 3. DATE OF BIRTH (day) (month) (year)
 1 Male 2 Female **09 OCTOBER 2004**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay)
VICENTE SOTTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH b. IF MULTIPLE BIRTH, CHILD WAS
 1 Single 2 Twin 1 First 2 Second
 3 Triplet, etc. 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) d. WEIGHT AT BIRTH
FIRST **2155** grams

6. MAIDEN NAME (First) (Middle) (Last)
VANESSA **TATOY** **RAPAL**

7. CITIZENSHIP 8. RELIGION
FILIPINO **BAPTIST**

9a. Total number of children born alive: **1** b. No. of children still living including this birth: **1** c. No. of children born alive but are now dead: **0**

10. OCCUPATION 11. Age at the time of this birth: **21** years
NONE

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SAN ROQUE, TALISAY CITY, CEBU

13. NAME (First) (Middle) (Last)
UNKNOWN

14. CITIZENSHIP 15. RELIGION
N.A. **N.A.**

16. OCCUPATION 17. Age at the time of this birth: **N.A.** years
N.A.

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
N.A.

19a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife
 4 Healer (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at **10:38 A.M.** o'clock am/pm on the date stated above.

Signature _____ Address **VSMC**
 Name in Print **MARYBETH DELOS SANTOS M.D.**
 Title or Position **MEDICAL OFFICER III** Date **OCTOBER 09, 2004**

20. INFORMANT
 Signature _____ Address **SAN ROQUE,**
 Name in Print **VANESSA T. RAPAL** **TALISAY CITY, CEBU**
 Relationship to the child **MOTHER** Date **OCTOBER 09, 2004**

21. PREPARED BY
 Signature _____
 Name in Print **LILIBETH BAJO**
 Title or Position **NRB** Date **OCTOBER 09, 2004**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print **USL...**
 Title or Position **Registration Officer IV** Date **2004 OCT 28**

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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