

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province Cebu	Registry No. 2014-451
City/Municipality Oslob	

CHILD

MOTHER

FATHER

1. NAME (First) JANN AYESHA (Middle) CIANO (Last) UMERIZ	
2. SEX (Male/Female) Female	3. DATE OF BIRTH (Day) 05 (Month) October (Year) 2014
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) Oslob District Hospital (City/Municipality) Oslob (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 (Order of this birth to previous five births including fetal death) (First, Second, Third, etc.) First	6. WEIGHT AT BIRTH (in grams) 2,800

7. MAIDEN NAME (First) Gimelyn (Middle) Valleser (Last) Ciano	
8. CITIZENSHIP Filipino	
9. RELIGION/RELIGIOUS SECT Roman Catholic	
10a. Total number of children born alive 1	10b. No. of children still living including this birth 1
10c. No. of children born alive but are now dead 0	11. OCCUPATION None
12. AGE at the time of birth (complete) 21	
13. RESIDENCE (House No., St., Barangay) Looc (City/Municipality) Santander (Province) Cebu (Country) Philippines	

14. NAME (First) John Christer (Middle) Limpiado (Last) Umeriz	
15. CITIZENSHIP Filipino	
16. RELIGION/RELIGIOUS SECT Roman Catholic	
17. OCCUPATION None	
18. AGE at the time of birth (complete) 20	
19. RESIDENCE (House No., St., Barangay) Sugod (City/Municipality) Tagapul-an (Province) Western Samar (Country) Philippines	

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

20a. DATE (Month) N.A. (Day) N.A. (Year) N.A.	20b. PLACE (City/Municipality) N.A. (Province) N.A. (Country) N.A.
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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/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **10:30 P.M.** am/pm, on the date of birth specified:

Signature DR. SERGIO C. AVESTRUZ III	Address Oslob District Hospital Lagunde, Oslob, Cebu
Name in Print Medical Officer III	Date October 6, 2014

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.	23. PREPARED BY
Signature GIMELYN V. CIANO	Signature ADRIAN C. TEVES
Name in Print Mother	Name in Print Nurse I
Relationship to the Child	Title or Position
Address Looc, Santander, Cebu	Date October 7, 2014
Date October 7, 2014	

24. RECEIVED BY Signature MYTHODIA O. RENDON Name in Print MUNICIPAL CIVIL REGISTRAR	25. REGISTERED BY THE CIVIL REGISTRAR Signature MYTHODIA O. RENDON Name in Print MYTHODIA O. RENDON
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