

## CERTIFICATE OF LIVE BIRTH

|  |   |  |  |  |
|--|---|--|--|--|
| Province <b>NEGROS ORIENTAL</b>  |   | Registry No. <b>2023-1804</b>                                    |  |  |
| City/Municipality <b>BAIS CITY</b>   |   |  |  |  |
| CHILD  | 1. NAME (First) (Middle) (Last)<br><b>AURORA MCKENZIE FILLONE OSTIA</b>   |  |  |  |
|  | 2. SEX (Male / Female) <b>Female</b>  | 3. DATE OF BIRTH (Day) (Month) (Year)<br><b>27 November 2023</b> |  |  |
|  | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)<br><b>Bais District Hospital Bais City Negros Oriental</b> |  |  |  |
|  | 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>Single</b>   | 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)    | 5c. BIRTH ORDER (Order of birth with a reference to other children including those dead) (First, Second, Third, etc.) <b>2nd</b> | 5. WEIGHT AT BIRTH <b>3000 grams</b>                         |
| MOTHER   | 7. MAIDEN NAME (First) (Middle) (Last)<br><b>DHENZEL JANE FILLONE</b>   |  |  |  |
|  | 8. CITIZENSHIP <b>Filipino</b>  | 9. RELIGION/RELIGIOUS SECT <b>Roman Catholic</b>                 |  |  |
|  | 10a. Total number of children born alive <b>02</b>  | 10b. No. of children still living including this birth <b>02</b> | 10c. No. of children born alive but are now dead <b>00</b>   | 11. OCCUPATION <b>Private Employee</b>                       |
|  | 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)<br><b>Brgy. Campuyo - Manjuyod Negros Oriental Philippines</b>                            |  |  | 12. AGE at the time of the birth (completed years) <b>22</b> |
| FATHER   | 14. NAME (First) (Middle) (Last)<br><b>ANGEL JOHN ACABAL OSTIA</b>  |  |  |  |
|  | 15. CITIZENSHIP <b>Filipino</b>   | 16. RELIGION/RELIGIOUS SECT <b>Roman Catholic</b>                |  |  |
|  | 17. OCCUPATION <b>Private Employee</b>  | 18. AGE at the time of the birth (completed years) <b>23</b>     |  |  |
|  | 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)<br><b>Brgy. Campuyo Manjuyod Negros Oriental Philippines</b>                              |  |  |  |
| MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  |   |  |  |  |
| 20a. DATE (Month) (Day) (Year) <b>Not Married</b>  |   | 20b. PLACE (City / Municipality) (Province) (Country)            |  |  |
| 21a. ATTENDANT<br><input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Healer (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify) |   |  |  |  |
| 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Healer, etc.)<br>I hereby certify that I attended the birth of the child who was born alive at <b>10:45 AM</b> on the date of birth specified above.  |   |  |  |  |
| Signature <b>Dr. Hazel Francis C. Uy</b><br>MEDICAL OFFICER<br>REG. NO. 4443   |   | Address <b>Bais District Hospital, Juan Luna St., Bais City</b>  |  |  |
| Name in Print <b>JOSHUA REY S. LLERA, MD</b>   |   | Date <b>November 27, 2023</b>                                    |  |  |
| Title or Position <b>Medical Officer - III</b>   |   |  |  |  |
| 22. CERTIFICATION OF INFORMANT<br>I hereby certify that all information supplied are true and correct to my own knowledge and belief.  |   | 23. PREPARED BY  |  |  |
| Signature <b>Dhenzel Jane Fillone</b>  |   | Signature <b>Cecil C. Prospero</b>                               |  |  |
| Name in Print <b>DHENZEL JANE FILLONE</b>  |   | Name in Print <b>CECIL C. PROSPERO</b>                           |  |  |
| Relationship to the Child <b>Mother</b>  |   | Title or Position <b>Clerk II</b>                                |  |  |
| Address <b>Brgy. Campuyo, Manjuyod</b>   |   | Date <b>November 29, 2023</b>                                    |  |  |
| Date <b>November 29, 2023</b>  |   |  |  |  |
| 24. RECEIVED BY  |   | 25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR              |  |  |
| Signature <b>Jose F. Balansag</b>  |   | Signature <b>Jose F. Balansag</b>                                |  |  |
| Name in Print <b>JOSE F. BALANSAG</b>  |   | Name in Print <b>JOSE F. BALANSAG</b>                            |  |  |
| Title or Position <b>City Civil Registrar Bais City</b>  |   | Title or Position <b>City Civil Registrar Bais City</b>          |  |  |
| Date <b>NOV 30 2023</b>  |   | Date <b>NOV 30 2023</b>  |  |  |

REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)