

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

Province CEBU Registry No. 2016-2065
City/Municipality MANDAUE CITY

CHILD

1. NAME (First) ZIAH ZEN (Middle) LUSOCON (Last) PINCA
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 03 (Month) MARCH (Year) 2016
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
UNIVERSITY OF CEBU MEDICAL CENTER, MANDAUE 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 this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 3,080 grams

MOTHER

7. MAIDEN NAME (First) JOHANNA (Middle) CAÑETE (Last) LUSOCON
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT EVANGELICAL CHRISTIAN
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 HOUSEWIFE 12. AGE at the time of this birth (completed years) 32
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BLK 19 LOT 14 DECA 5, BASAK, LAPU-LAPU CITY CEBU PHILIPPINES

FATHER

14. NAME (First) GIOVANNIE (Middle) LUMAYNO (Last) PINCA
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT EVANGELICAL CHRISTIAN 17. OCCUPATION SEAFARER 18. AGE at the time of this birth (completed years) 32
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BLK 19 LOT 14 DECA 5, BASAK, LAPU-LAPU CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) JANUARY (Day) 26 (Year) 2015 20b. PLACE (City / Municipality) (Province) (Country)
CEBU CITY CEBU PHILIPPINES

21a. ATTENDANT X
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 10:06AM am/pm on the date of birth specified above.

Signature _____ Address C/O UNIVERSITY OF CEBU MEDICAL CENTER
Name in Print JOYCE O. ROBLE, MD MANDAUE CITY
Title or Position ATTENDING PHYSICIAN Date MARCH 04, 2016

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 JOHANNA L. PINCA
Relationship to the Child MOTHER
Address BASAK, LAPU-LAPU CITY, CEBU
Date MARCH 04, 2016

23. PREPARED BY
Signature _____
Name in Print ROCHE T. DALAGAN
Title or Position MRD STAFF
Date MARCH 04, 2016

24. RECEIVED BY
Signature _____
Name in Print ANALIZA P. FONTANOZA

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print THELMA C. CRISOLOGO