

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province <u>CEBU</u>	Registry No. 2023 08247
City/Municipality <u>CEBU CITY</u>	

CHILD	1. NAME (First) (Middle) (Last) <u>DENZEL JACE EMPENADO CELES</u>
	2. SEX (Male / Female) <u>MALE</u>
	3. DATE OF BIRTH (Day) (Month) (Year) <u>07 MAY 2023</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>CEBU CITY MEDICAL CENTER CEBU CITY CEBU</u>
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>

MOTHER	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>N.A.</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>FIRST</u>	6. WEIGHT AT BIRTH <u>3300</u> grams	
	7. MAIDEN NAME (First) (Middle) (Last) <u>JEWEL CRYSTAL EMPENADO</u>			
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	
	10a. Total number of children born alive <u>1</u>	10b. No. of children still living including this birth <u>1</u>	10c. No. of children born alive but are now dead <u>0</u>	11. OCCUPATION <u>HOUSEWIFE</u>
	12. AGE at the time of this birth (completed years) <u>21</u>			13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>45 GONZALES COMPND CAMPUTHAW CEBU CITY CEBU PHILIPPINES</u>

FATHER	14. NAME (First) (Middle) (Last) <u>DOMINICK MELO CELES</u>
	15. CITIZENSHIP <u>FILIPINO</u>
	16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>
	17. OCCUPATION <u>PUMP ATTENDANT</u>
18. AGE at the time of this birth (completed years) <u>20</u>	
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>45 GONZALES COMPND CAMPUTHAW CEBU CITY CEBU PHILIPPINES</u>	

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

20a. DATE (Month) (Day) (Year) <u>NOT MARRIED</u>	20b. PLACE (City / Municipality) (Province) (Country) <u>N.A.</u>
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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 8:33 AM am/pm on the date of birth specified above.

Signature [Signature] Address N. BACALSO AVENUE
 Name in Print JOXANNE JOSE, MD CEBU CITY
 Title or Position PHYSICIAN Date MAY 07, 2023

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied is true and correct to my own knowledge and belief.

Signature [Signature] 23. PREPARED BY [Signature]
 Name in Print JEWEL CRYSTAL EMPENADO Name in Print ERLINDA S. TABUYAN
 Relationship to the Child MOTHER Title or Position ADMINISTRATIVE ASSISTANT II
 Address 45 GONZALES COMPND CAMPUTHAW C.C. Date MAY 08, 2023

24. RECEIVED BY

Signature [Signature] 25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Name in Print LUZ N. CUGAY Name in Print PHILIPPA. MECARD
 Title or Position Administrative Aide III Title or Position REGISTRATION OFFICER
 Date MAY 18 2023 Date MAY 18 2023

REMARKS/ANNOTATIONS (For LCRO/OCRO Use Only)

CERTIFIED TRUE COPY

ENGR. JASON T. BONGCALES, MPA
ACTING ASSISTANT CITY CIVIL REGISTRAR