



Municipal Form No. 132  
(Revised August 2018)

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

Province **CEBU** Registry No. **2019 01298**  
City/Municipality **CEBU CITY**

**CHILD**  
1. NAME (First) (Middle) (Last)  
**SNOW XIAN ABELLANA**  
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)  
**11 JANUARY 2019**  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Health Center/ House No., St., Barangay) (City/Municipality) (Province)  
**MARGARITA BIRTHING CENTER CEBU CITY CEBU**  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **NOT APPLICABLE** 5c. BIRTH ORDER (Order of the birth to preceding the birth including fetal death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH (grams) **3500**

**MOTHER**  
7. MAIDEN NAME (First) (Middle) (Last)  
**STEPHANIE MARIE LANGUIDO ABELLANA**  
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
10a. Total number of children born alive **01** 10b. No. of children still living including this birth **01** 10c. No. of children born alive but are now dead **00** 11. OCCUPATION **ADMIN STAFF** 12. AGE at the time of this birth (completed years) **24**  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**ENGLIS SUDENA, V. RAMA CEBU CITY CEBU PHILIPPINES**

**FATHER**  
14. NAME (First) (Middle) (Last)  
**UNKNOWN**  
15. CITIZENSHIP **NOT APPLICABLE** 16. RELIGION/RELIGIOUS SECT **NOT APPLICABLE** 17. OCCUPATION **NOT APPLICABLE** 18. AGE at the time of this birth (completed years) **N/A**  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**NOT APPLICABLE**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT APPLICABLE**

21a. ATTENDANT  
1. Physician  2. Nurse  3. Midwife  4. Heil (Traditional Birth Attendant)  5. Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)  
I hereby certify that I attended the birth of the child who was born alive at **07:20 AM** on the date of birth specified above.  
Signature \_\_\_\_\_ Address **8-B JORDRGO AVENUE, KAMPUTAW, CEBU CITY, CEBU**  
Name in Print **MARGARITA F. CODERA**  
Title or Position **MIDWIFE** Date **JANUARY 11, 2019**

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 **STEPHANIE MARIE L. ABELLANA**  
Relationship to the Child **MOTHER**  
Address **CEBU CITY, CEBU**  
Date **JANUARY 11, 2019**

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print **JANICE B. GO**  
Title or Position **MIDWIFE**  
Date **JANUARY 11, 2019**  
24. RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print **LUZ N. CUGAY**  
Title or Position **ADMINISTRATIVE AIDE II**  
Date **JAN 15 2019**  
25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print **PHILIPP A. MEGABON**  
Title or Position **REGISTRATION OFFICER IV**  
Date **JAN 15 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  
8 9 11 13 15 16 17 18



08969-G5-400RDP-00007-BJ001  
BEST POSSIBLE IMAGE  
T001089694000000707222024001  
UR000295433

*CSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

DATE  
155.00  
155.00  
155.00