

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province CEBU  
City/Municipality CEBU CITY

Registry No.  
**2025 03223**

<b>CHILD</b>	1. NAME (First) (Middle) (Last) <b>EUNJOHAN FERNANDEZ CAÑETE</b>			
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>27 FEBRUARY 2025</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>ST. ANTHONY MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU CITY, CEBU</b>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N.A.</b>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>THIRD</b>	6. WEIGHT AT BIRTH <b>3000</b> grams

<b>MOTHER</b>	7. MAIDEN NAME (First) (Middle) (Last) <b>EUNICE LABONITE FERNANDEZ</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>3</b>	10b. No. of children still living including this birth <b>3</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>CALL CENTER AGENT</b>
	12. AGE at the time of this birth (completed years) <b>27</b>			
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>45 U. ALVIOLA, BRGY. TEJERO CEBU CITY CEBU PHILIPPINES</b>			

<b>FATHER</b>	14. NAME (First) (Middle) (Last) <b>CRISJOHN LLOYD SALBORO CAÑETE</b>		
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>
	17. OCCUPATION <b>CALL CENTER AGENT</b>		18. AGE at the time of this birth (completed years) <b>29</b>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>45 U. ALVIOLA, BRGY. TEJERO CEBU CITY CEBU 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) <b>NOT MARRIED</b>
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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 **12:18 A.M.** am/pm on the date of birth specified above.

Signature *[Signature]* Address SAMCH - BASAK SAN NICOLAS  
Name in Print DR. JAYNE DHARELL R. SABIO CEBU CITY, CEBU  
Title or Position Medical Officer III Date FEBRUARY 27, 2025

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature *[Signature]*  
Name in Print EUNICE L. FERNANDEZ  
Relationship to the Child Mother  
Address 45 U. Alviola, Brgy. Tejero, Cebu City, Cebu  
Date February 27, 2025

23. PREPARED BY  
Signature *[Signature]*  
Name in Print GERALDINE T. ANSAG  
Title or Position Administrative Aide III  
Date February 27, 2025

24. RECEIVED BY  
Signature *[Signature]*  
Name in Print LUZ N. CUGAY  
Title or Position ADMINISTRATIVE AIDE III  
Date FEB 27 2025

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature *[Signature]*  
Name in Print PHILIPP A. MEGABON  
Title or Position REGISTRATION OFFICER-IV  
Date FEB 27 2025

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)