



(To be accomplished in quadruplicate using black ink)

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

Province CEBU		Registry No. 2021-02918		
City/Municipality TALISAY CITY				
CHILD	1. NAME (First) (Middle) (Last) KHYEL AIREE CABUCOS PAKIDING			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 20 AUGUST 2021		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) BEVER MATERNITY CLINIC, CANSOJONG, TALISAY 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.) FOURTH	6. WEIGHT AT BIRTH 3,720 grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) JECIEL SALVADO CABUCOS			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 4	10b. No. of children still living including this birth 4	10c. No. of children born alive but are now dead 0	11. OCCUPATION CUSTOMER SERVICE AGENT
	12. AGE at the time of this birth (completed years) 30			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BASE STREET CANSOJONG TALISAY CITY CEBU PHILIPPINES				
FATHER	14. NAME (First) (Middle) (Last) RYANN LAGAHIT PAKIDING			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	17. OCCUPATION CUSTOMER SERVICE AGENT		18. AGE at the time of this birth (completed years) 37	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BASE STREET CANSOJONG TALISAY CITY CEBU PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City / Municipality) (Province) (Country) NOT MARRIED		
21a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 04:40 AM am/pm on the date of birth specified above.				
Signature _____ Name in Print HAIDEE O. BONCALES, RM Title or Position REGISTERED MIDWIFE		Address 450 GARCES STREET, CANSOJONG TALISAY CITY, CEBU Date AUGUST 20, 2021		
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 JECIEL S. CABUCOS Relationship to the Child MOTHER Address BASE STREET CANSOJONG, TALISAY CITY, CEBU Date AUGUST 20, 2021		23. PREPARED BY Signature _____ Name in Print HAIDEE O. BONCALES, RM Title or Position REGISTERED MIDWIFE Date AUGUST 20, 2021		
24. RECEIVED BY Signature _____ Name in Print MAE CHERYL A. MANEJA Title or Position ADMIN. AIDE I Date AUG 26 2021		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print FEBRITY LOURDES G CABANERO Title or Position CITY CIVIL REGISTRAR Date AUG 26 2021		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				

