

(To be accomplished in quadruplicate using black ink)

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

Registry No

2021-00155

Province **CEBU**  
 City/Municipality **MANDAUE CITY**

1. NAME <b>ZILM THANER</b>	(First)	(Middle)	(Last)
2. SEX (Male/Female) <b>MALE</b>	3. DATE OF BIRTH <b>20</b>	MONTH <b>DECEMBER</b>	YEAR <b>2020</b>
4. PLACE OF BIRTH <b>EVERSLEY CHILD'S SANITARIUM AND GENERAL HOSPITAL - JAGOBIAO</b>	5a. TYPE OF BIRTH <b>(Single/ Twin/ Other)</b>	5b. IF MULTIPLE BIRTH, CHILD WAS <b>(First/ Second/ Third/ etc.)</b>	5c. BIRTH ORDER <b>FIRST</b>
6. WEIGHT AT BIRTH <b>2280</b>	grams		

7. MAIDEN NAME <b>KIMBERLY</b>	(First)	(Middle)	(Last)
8. CITIZENSHIP <b>FILIPINO</b>	9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	10. OCCUPATION <b>CALL CENTER ASSISTANT/REPRESENTATIVE</b>	12. AGE at the time of this birth (completed years) <b>21</b>
10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>
13. RESIDENCE <b>SAN VICENTE FERRER, TABOK</b>	(House No. St. Barangay)	(City/Municipality)	(Province)
14. NAME <b>GORDE</b>	(First)	(Middle)	(Last)
15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	17. OCCUPATION <b>MASON</b>	18. AGE at the time of this birth (completed years) <b>22</b>
19. RESIDENCE <b>SAN VICENTE FERRER, TABOK</b>	(House No. St. Barangay)	(City/Municipality)	(Province)

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) **NOT APPLICABLE**

20c. DATE (Month) (Day) (Year) **NOT APPLICABLE**

20d. PLACE (City/Municipality) **NOT APPLICABLE**

20e. DATE (Month) (Day) (Year) **NOT APPLICABLE**

20f. PLACE (City/Municipality) **NOT APPLICABLE**

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, etc.)

I hereby certify that I attended the birth of the child who was born alive at **06:32 AM** am/pm on the date of birth specified above.

Signature **MARIA TERESA M. PEPTO, MD**    Address **C/O EVERSLEY CHILD'S SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO, MANDAUE CITY, CEBU**

Name in Print **MARIA TERESA M. PEPTO, MD**

Title or Position **MEDICAL OFFICER IV**

Date **DECEMBER 21, 2020**

22. CERTIFICATION OF INFORMANT

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

Signature **Kimberly N. Tabanas**

Name in Print **KIMBERLY N. TABANAS**

Relationship to the Child **MOTHER**

Address **SAN VICENTE FERRER, TABOK, MANDAUE CITY, CEBU**

Date **DECEMBER 21, 2020**

24. RECEIVED BY

Signature **Jarey G. Dela Cruz**

Name in Print **Jarey G. Dela Cruz**

Office Address **Office Add**

Title or Position

Date **JAN 07 2021**

23. PREPARED BY

Signature **Levy Luna Pantollano-Bodiola**

Name in Print **LEVY LUNA PANTOLLANO-BODIOLA**

Title or Position **DATA CONTROLLER I**

Date **DECEMBER 21, 2020**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature **THEIMY C. CRISOLOGO**

Name in Print **THEIMY C. CRISOLOGO**

Title or Position **CITY CIVIL REGISTRAR**

Date **JAN 07 2021**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)



FOR AND IN BEHALF OF THE CITY CIVIL REGISTRAR

**ARMAND A. GARCIA**  
 CITY CIVIL REGISTRAR

NOT FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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