

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

Province CEBU
City/Municipality BOLJOON

Registry No. 2024-19

CHILD	1. NAME (First) (Middle) (Last) <u>ZIARA JAELYN MIRA APATAN</u>			
	2. SEX (Male / Female) <u>FEMALE</u>	3. DATE OF BIRTH (Day) (Month) (Year) <u>02 FEBRUARY 2024</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>BOLJOON BIRTHING CLINIC-POBLACION BOLJOON CEBU</u>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>SECOND</u>	6. WEIGHT AT BIRTH <u>3055</u> grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <u>CHENNY FAJARDO MIRA</u>			
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	
	10a. Total number of children born alive <u>02</u>	10b. No. of children still living including this birth <u>02</u>	10c. No. of children born alive but are now dead <u>(0)</u>	11. OCCUPATION <u>CALL CENTER ASSISTANT/REPRESENTATIVE</u>
	12. AGE at the time of this birth (completed years) <u>26</u>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>ARBOR BOLJOON CEBU PHILIPPINES</u>				

FATHER	14. NAME (First) (Middle) (Last) <u>JUSTIN LOI AZARCON APATAN</u>		
	15. CITIZENSHIP <u>FILIPINO</u>		16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>
	17. OCCUPATION <u>CALL CENTER ASSISTANT/REPRESENTATIVE</u>		18. AGE at the time of this birth (completed years) <u>27</u>
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>AZARCON ST. ZONE II LANUZA SURIGAO DEL SUR 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>NOT APPLICABLE</u>
--	--

21a. ATTENDANT
 _____ 1 Physician _____ 2 Nurse X 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 09:33 AM am/pm on the date of birth specified above.

Signature _____ Address BOLJOON, CEBU
 Name in Print TIBURSA F. ALMENCION
 Title or Position MIDWIFE Date FEBRUARY 2, 2024

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 CHENNY F. MIRA
 Relationship to the Child MOTHER
 Address ARBOR, BOLJOON, CEBU
 Date FEBRUARY 2, 2024

23. PREPARED BY

Signature _____
 Name in Print ELVIS V. MENDEZ
 Title or Position LCR-STAFF
 Date FEBRUARY 2, 2024

24. RECEIVED BY

Signature _____
 Name in Print MARIE ANN PATRICIA M. VILLANUEVA
 Title or Position MUNICIPAL CIVIL REGISTRAR
 Date FEB 16 2024

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____
 Name in Print MARIE ANN PATRICIA M. VILLANUEVA
 Title or Position MUNICIPAL CIVIL REGISTRAR
 Date FEB 16 2024

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)