

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2020 06703
City/Municipality CEBU CITY	

CHILD	1. NAME (First) (Middle) (Last) HAISLEY VALE ROSEL CANDIA		
	2. SEX (Male / Female) FEMALE		
	3. DATE OF BIRTH (Day) (Month) (Year) 11 MARCH 2020		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) SAINT ANTHONY MOTHER & CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU 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.) FIRST	6. WEIGHT AT BIRTH 2500 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) TRISHA JANE ROSEL				
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC			
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION NONE	12. AGE at the time of this birth (completed years) 21
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SABELLANO ST., SAN ROQUE HOMES, QUIOT CEBU CITY CEBU PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) SINCLAIR MANOOP CANDIA			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT BORN AGAIN	17. OCCUPATION CALL CENTER AGENT	18. AGE at the time of this birth (completed years) 22
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SABELLANO ST., SAN ROQUE HOMES, QUIOT CEBU 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
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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 **04:48 P.M.**, am/pm on the date of birth specified above.

Signature *[Signature]* Address **SAMCH - BASAK SAN NICOLAS**
 Name in Print **DR. CHERRY BLISS D. GALICIA** **CEBU CITY, CEBU**
 Title or Position **Contractual Medical Officer III** Date **MARCH 11, 2020**

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.	23. PREPARED BY
Signature <i>[Signature]</i>	Signature <i>[Signature]</i>
Name in Print TRISHA JANE ROSEL	Name in Print RELYN C. RECOPELACION
Relationship to the Child Mother	Title or Position Nurse I
Address Sabellano St., San Roque Homes, Quiot, Cebu City, Cebu	Date March 11, 2020

24. RECEIVED BY	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature <i>[Signature]</i>	Signature <i>[Signature]</i>
Name in Print LUZ N. CUGAY	Name in Print PHILIPP A. MEGABON
Title or Position Administrative Aide III	Title or Position REGISTRATION OFFICER IV
Date MAR 23 2020	Date MAR 23 2020

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)