

OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

00222

Province **CEBU** Registry No. **2020-04282**  
 City/Municipality **MANDAUE CITY**

**CHILD**

1. NAME (First) **RAS AMENADIEL** (Middle) **LOCTON** (Last) **DEL CASTILLO**  
 2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **21** (Month) **MAY** (Year) **2020**  
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **UNIVERSITY OF CEBU MEDICAL CENTER, MANDAUE CITY** (City/Municipality) **CEBU** (Province)  
 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.) **SECOND** 6. WEIGHT AT BIRTH **3,270** grams

**MOTHER**

7. MAIDEN NAME (First) **JINKY** (Middle) **GENJIAGAN** (Last) **LOCTON**  
 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) **29**  
 13. RESIDENCE (House No., St., Barangay) **CENTRO LABOGON,** (City/Municipality) **MANDAUE CITY,** (Province) **CEBU,** (Country) **PHILIPPINES**

**FATHER**

14. NAME (First) **FRANCIS IGNATIUS** (Middle) **ALIGWAY** (Last) **DEL CASTILLO**  
 15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CSR** 18. AGE at the time of this birth (completed years) **29**  
 19. RESIDENCE (House No., St., Barangay) **CENTRO LABOGON,** (City/Municipality) **MANDAUE CITY,** (Province) **CEBU,** (Country) **PHILIPPINES**

**MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back)

20a. DATE (Month) (Day) (Year) **DECEMBER 14 2019** 20b. PLACE (City / Municipality) (Province) (Country) **MANDAUE CITY, CEBU PHILIPPINES**

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 **09:37 PM** am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address **C/O UNIVERSITY OF CEBU MEDICAL CENTER**  
 Name in Print **FLORYBETH CORRAINE M. TAGUBA, M.D.** **MANDAUE CITY, CEBU**  
 Title or Position **ATTENDING PHYSICIAN** Date **MAY 22, 2020**

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 **FRANCIS IGNATIUS ALIGWAY DEL CASTILLO**  
 Relationship to the Child **FATHER**  
 Address **CENTRO LABOGON, MANDAUE CITY, CEBU**  
 Date **MAY 22, 2020**

24. RECEIVED BY  
 Signature \_\_\_\_\_  
 Name in Print **EMMA LUR BERENDSB**  
 Title or Position **OFFICE AIDE**  
 Date **MAY 01 2020**

23. PREPARED BY  
 Signature \_\_\_\_\_  
 Name in Print **ANGELIE A. YFF**  
 Title or Position **MEDICAL RECORDS STAFF**  
 Date **MAY 22, 2020**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
 Signature \_\_\_\_\_  
 Name in Print **THELMA C. CRISOLOGO**  
 Title or Position **CITY CIVIL REGISTRAR**  
 Date **JUN 01 2020**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

  
 REPUBLIC OF THE PHILIPPINES  
 LOCAL CIVIL REGISTRAR

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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