

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

Province CEBU	Registry No. 2021 05799
City/Municipality CEBU CITY	

CHILD	1. NAME (First) (Middle) (Last) ODIEON MOJADO		
	2. SEX (Male/Female) MALE		
	3. DATE OF BIRTH (Day) (Month) (Year) 19 APRIL 2021		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) SANT ANTHONY MOTHER & CHILD HOSPITAL, BASAK, SAN NICOLAS, CEBU CITY, CEBU		
5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) SINGLE	5b. # MULTIPLE BIRTH CHILD W/AS (First, Second, Third, etc.) N.A.	5c. BIRTH ORDER (Order of the child in the family) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2900 grams

MOTHER	7. MOTHER NAME (First) (Middle) (Last) REGINA GRACE ABELLANOSA MOJADO				
	8. CITIZENSHIP FLIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC			
	10a. Total number of children born alive 1	10b. No. of children still being suckled by the birth 1	10c. No. of children, third year but not still suckled 0	11. OCCUPATION NONE	12. AGE at the time of the birth (Completed years) 20
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 75-H CABREROS ST., BASAK SAN NICOLAS CEBU CITY CEBU PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) UNKNOWN			
	15. CITIZENSHIP N.A.	16. RELIGION/RELIGIOUS SECT N.A.	17. OCCUPATION N.A.	18. AGE at the time of the birth (Completed years) N.A.
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) N.A. N.A. N.A. N.A.			

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Affirmation of Paternity at the back.)

20a. DATE (Month) (Day) (Year) NOT APPLICABLE	20b. PLACE (City/Municipality) (Province) (Country) NOT APPLICABLE
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21a. ATTENDANT

1. Physician 2. Nurse 3. Midwife 4. Healer (Traditional Birth Attendant) 5. Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Healer, etc.)

I hereby certify that I attended the birth of the child who was born alive at **03:27 A.M.** on the date of birth specified above.

Signature <i>[Signature]</i>	Address SANCHO - BASAK, SAN NICOLAS CEBU CITY, CEBU
Name in Print DR. BERNARDIN JR. B. BALAONO	
Title or Position Medical Officer III	Date APRIL 19, 2021

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my knowledge and belief.	23. PREPARED BY
Signature <i>[Signature]</i>	Signature <i>[Signature]</i>
Name in Print REGINA GRACE A. MOJADO	Name in Print JANSKY KARLA A. TORRANO
Relationship to the Child Mother	Title or Position Nurse II
Address 75-H Cabreros St., Basak San Nicolas, Cebu City, Cebu	Date April 19, 2021
Date April 19, 2021	

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 ATTY. EVANGELINE T. ABATAYO
Title or Position Administrative Aide III	Title or Position CEBU CITY CIVIL REGISTRAR
Date APR 30 2021	Date APR 30 2021

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)