

02767

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

Province CEBU	Registry No. 2025-02767
City/Municipality MANDAUE CITY	

CHILD	1. NAME (First) (Middle) (Last) HAYLEIGH RICO FERNANDEZ		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 8 APRIL 2025	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) UNIVERSITY OF CEBU MEDICAL CENTER, MANDAUE CITY CEBU		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) ALBE JOY EBARAT RICO			
	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 PRIVATE SCHOOL TEACHER
	12. AGE at the time of this birth (completed years) 28			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SITIO KATUGASAN, GUADALUPE, CEBU CITY, CEBU, PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) NEIL FRANKIL NAVARRO FERNANDEZ		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	17. OCCUPATION SALES ASSOCIATE		18. AGE at the time of this birth (completed years) 29
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SITIO KATUGASAN, GUADALUPE, 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 APPLICABLE
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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 **09:55 A.M.** am/pm on the date of birth specified above.

Signature _____ Address **C/O UNIVERSITY OF CEBU MEDICAL CENTER**
 Name in Print **VANESSA MAE D. TANGON, M.D.** **MANDAUE CITY, CEBU, PHILS.**
 Title or Position **RESIDENT PHYSICIAN** Date **APRIL 10, 2025**

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 **ALBE JOY EBARAT RICO**
 Relationship to the Child **MOTHER**
 Address **SITIO KATUGASAN, GUADALUPE, CEBU CITY, CEBU, PHILIPPINES**
 Date **APRIL 10, 2025**

23. PREPARED BY

Signature _____
 Name in Print **ANJILYN A. PIAMONTE**
 Title or Position **MEDICAL RECORDS STAFF**
 Date **APRIL 10, 2025**

24. RECEIVED BY

Signature _____
 Name in Print **ANALIZA P. FONTANOSA**
 Title or Position **OFFICE AIDE**
 Date **APR 25 2025**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____
 Name in Print **THELMA C. CRISOLOGO**
 Title or Position **CITY CIVIL REGISTRAR**
 Date **APR 25 2025**

REMARKS AND NOTES (For LCRO/OCRG Use Only)

