

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

Province CEBU	Registry No. 2017 20405
City/Municipality CEBU CITY	

CHILD	1. NAME (First) MACY MACKENZIE (Middle) AMARO (Last) MASINAS			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 28 (Month) JULY (Year) 2017		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) PERPETUAL SUCCOUR HOSPITAL, GORORDO AVENUE, CEBU CITY, CEBU (City/Municipality) (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.) FIRST	6. WEIGHT AT BIRTH 3150 grams

MOTHER	7. MAIDEN NAME (First) MARIA SHAHANIE (Middle) BARAGA (Last) AMARO				
	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 CLAIMS OFFICER	12. AGE at the time of this birth (completed years) 27
	13. RESIDENCE (House No., St., Barangay) 112 PSH ROAD, BRGY. KAMPUTHAW, CEBU CITY, CEBU, PHILIPPINES (City/Municipality) (Province) (Country)				

FATHER	14. NAME (First) MITCHELL (Middle) MANAGAY (Last) MASINAS			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION IT SYSTEM ADMINISTRATOR	18. AGE at the time of this birth (completed years) 28
	19. RESIDENCE (House No., St., Barangay) 081 UPPER JAGOBIAO, MANDAUE CITY, CEBU, PHILIPPINES (City/Municipality) (Province) (Country)			

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

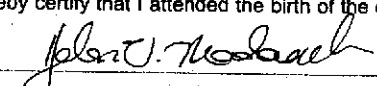
20a. DATE (Month) (Day) (Year) APRIL 28 2017	20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY, CEBU, PHILIPPINES
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21a. ATTENDANT

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

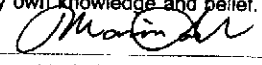

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)



I hereby certify that I attended the birth of the child who was born alive at **4:32 PM** am/pm on the date of birth specified above.

Signature  Address **CARE & CURE HUB, BASEMENT 2, AYALA CENTER CEBU, CEBU CITY**

Name in Print **HELEN MADAMBA, M.D.**

Title or Position **ATTENDING PHYSICIAN** Date **July 29, 2017**

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 	Signature 
Name in Print MITCHELL M. MASINAS	Name in Print DANILO C. AMIT
Relationship to the Child FATHER	Title or Position MEDICAL RECORD CLERK
Address 081 UPPER JAGOBIAO, MANDAUE CITY, CEBU	Date July 29, 2017
Date July 29, 2017	

24. RECEIVED BY	25. REGISTERED BY THE CIVIL REGISTRAR
Signature 	Signature 
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 04 AUG 2017	Date 04 AUG 2017

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)