

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

Province **CEBU** Registry No. **2023 12503**
City/Municipality **CEBU CITY**

CHILD

1. NAME (First) (Middle) (Last)
CYNRIC AXEL HISOLER MEJARES

2. SEX (Male / Female) 3. DATE OF BIRTH (Day) (Month) (Year)
MALE 13 JULY 2023

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., SAMBAG II, CEBU CITY, CEBU

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) 6. WEIGHT AT BIRTH
SINGLE N/A SECOND 2,260 grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
ERICA CASSANDRA LABONITE HISOLER

8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**

10a. Total number of children born alive **2** 10b. No. of children still living including this birth **1** 10c. No. of children born alive but are now dead **1** 11. OCCUPATION **NONE** 12. AGE at the time of this birth (completed years) **23**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
UCMA, LA GUARDIA, LAHUG CEBU CITY CEBU PHILIPPINES

FATHER

14. NAME (First) (Middle) (Last)
CHARLES HENRY PAMAT MEJARES

15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CALL CENTER AGENT** 18. AGE at the time of this birth (completed years) **23**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
MOHON I, BANILAD MANDAUE 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**

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 **7:40 PM** am/pm on the date of birth specified above.

Signature _____ Address **VSMMC, CEBU CITY**
Name in Print **MARY LOUISE R. SEREÑO, MD**
Title or Position **MEDICAL OFFICER III** Date **JULY 13, 2023**

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 **ERICA CASSANDRA L. HISOLER**
Relationship to the Child **MOTHER**
Address **CEBU CITY, CEBU**
Date **JULY 13, 2023**

23. PREPARED BY

Signature _____
Name in Print **MA. CHARLOTTE C. MISA**
Title or Position **CLERK**
Date **JULY 13, 2023**

24. RECEIVED BY

Signature _____
Name in Print **LUZ N. CUGAY**
Title or Position **Administrative Aide III**
Date **JUL 25 2023**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____
Name in Print **PHILIP A. MEGABON**
Title or Position **REGISTRATION OFFICER IV**
Date **JUL 25 2023**

REMARKS/ANNOTATIONS (For LCRO/OCR Use Only)