

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province <b>CEBU</b>		Registry No.		
City/Municipality <b>CEBU CITY</b>				
<b>CHILD</b>	1. NAME (First) <b>LYLLE IONE GRAE</b> (Middle) <b>RABAGO</b> (Last) <b>CAMARIN</b>			
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) <b>17</b> (Month) <b>OCTOBER</b> (Year) <b>2023</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., SAMBAG II, CEBU CITY, CEBU</b>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N/A</b>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>2,705</b> grams
<b>MOTHER</b>	7. MAIDEN NAME (First) <b>JESSA MAE</b> (Middle) <b>BACUS</b> (Last) <b>RABAGO</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>CALL CENTER AGENT</b>
	12. AGE at the time of this birth (completed years) <b>20</b>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>SITIO SAN ROQUE, BRGY. LAMAC CONSOLACION CEBU PHILIPPINES</b>				
<b>FATHER</b>	14. NAME (First) <b>LENDWILL JONE</b> (Middle) <b>UBAS</b> (Last) <b>CAMARIN</b>			
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	17. OCCUPATION <b>NONE</b>		18. AGE at the time of this birth (completed years) <b>21</b>	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>SITIO SAN ROQUE, BRGY. LAMAC CONSOLACION CEBU PHILIPPINES</b>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>NOT MARRIED</b>		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 <b>9:58 PM</b> am/pm on the date of birth specified above.				
Signature _____		Address <b>VSMC, CEBU CITY</b>		
Name in Print <b>MARIALYN G. GALLAMASO, M.D.</b>				
Title or Position <b>MEDICAL OFFICER III</b>		Date <b>OCTOBER 17, 2023</b>		
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 <b>JESSA MAE B. RABAGO</b> Relationship to the Child <b>MOTHER</b> Address <b>CONSOLACION, CEBU</b> Date <b>OCTOBER 17, 2023</b>		23. PREPARED BY Signature _____ Name in Print <b>SHERRYL F. ABELLANOSA</b> Title or Position <b>CLERK</b> Date <b>OCTOBER 17, 2023</b>		
24. RECEIVED BY Signature _____ Name in Print _____ Title or Position _____ Date _____		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				