

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

04654

Province	<b>CEBU</b>	Registry No.	2025-04654
City/Municipality	<b>MANDAUE CITY</b>		

<b>CHILD</b>	1. NAME (First) <b>QUINN RYELYN</b> (Middle) <b>OMANDAC</b> (Last) <b>MORPOS</b>		
	2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) <b>7</b> (Month) <b>JULY</b> (Year) <b>2025</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>UNIVERSITY OF CEBU MEDICAL CENTER, MANDAUE CITY</b> (City/Municipality) <b>MANDAUE CITY</b> (Province) <b>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>

<b>MOTHER</b>	7. MAIDEN NAME (First) <b>HONEYLYN</b> (Middle) <b>VILLARTA</b> (Last) <b>OMANDAC</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>CUSTOMER SERVICE REPRESENTATIVE</b>		12. AGE at the time of this birth (completed years) <b>29</b>
13. RESIDENCE (House No., St., Barangay) <b>J.L BRIONES PEREZ COMPOUND ALANG-ALANG, MANDAUE CITY, CEBU, PHILIPPINES</b> (City/Municipality) <b>MANDAUE CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>			

<b>FATHER</b>	14. NAME (First) <b>RYANBOY</b> (Middle) <b>MANATAD</b> (Last) <b>MORPOS</b>		
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>
	17. OCCUPATION <b>CUSTOMER SERVICE REPRESENTATIVE</b>		18. AGE at the time of this birth (completed years) <b>31</b>
19. RESIDENCE (House No., St., Barangay) <b>SAN JOSE 1, LABOGON, MANDAUE CITY, CEBU, PHILIPPINES</b> (City/Municipality) <b>MANDAUE CITY</b> (Province) <b>CEBU</b> (Country) <b>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 APPLICABLE</b>
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21a. ATTENDANT

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 **09:51 PM** am/pm on the date of birth specified above.

Signature	Address <b>C/O UNIVERSITY OF CEBU MEDICAL CENTER</b>
Name in Print <b>LIZELLE MARIE B. CARNICER, M.D</b>	<b>MANDAUE CITY, CEBU, PHILS.</b>
Title or Position <b>RESIDENT PHYSICIAN</b>	Date <b>JULY 08, 2025</b>

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 <b>HONEYLYN VILLARTA OMANDAC</b>	Name in Print <b>JOE LEGASPI BATONGHINOG</b>
Relationship to the Child <b>MOTHER</b>	Title or Position <b>MEDICAL RECORDS STAFF</b>
Address <b>J.L BRIONES PEREZ COMPOUND ALANG-ALANG, MANDAUE CITY, CEBU, PHILIPPINES</b>	Date <b>JULY 08, 2025</b>
Date <b>JULY 08, 2025</b>	

24. RECEIVED BY	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature	Signature
Name in Print <b>ANALIZA P. FONTANOZA</b>	Name in Print <b>THELMA C. CRISOLOGO</b>
Title or Position <b>OFFICE AIDE</b>	Title or Position <b>CITY CIVIL REGISTRAR</b>