

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province <u>CEBU</u>		Registry No. <u>2017-13</u>		
City/Municipality <u>RONDA</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>AXL REIN SALAZAR SALVADOR</u>			
	2. SEX (Male / Female) <u>FEMALE</u>	3. DATE OF BIRTH (Day) (Month) (Year) <u>15 JANUARY 2017</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>RONDA BIRTHING CENTER RONDA CEBU</u>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>FIRST</u>	6. WEIGHT AT BIRTH <u>2722</u> grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <u>TESSIE GEE VILLEGAS SALAZAR</u>			
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	
	10a. Total number of children born alive <u>01</u>	10b. No. of children still living including this birth <u>01</u>	10c. No. of children born alive but are now dead <u>00</u>	11. OCCUPATION <u>NOT APPLICABLE</u>
	12. AGE at the time of this birth (completed years) <u>20</u>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>ILAYA RONDA CEBU PHILIPPINES</u>				
FATHER	14. NAME (First) (Middle) (Last) <u>LORD EMMANUELLE CASTILLO SALVADOR</u>			
	15. CITIZENSHIP <u>FILIPINO</u>		16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	
	17. OCCUPATION <u>NOT APPLICABLE</u>		18. AGE at the time of this birth (completed years) <u>25</u>	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>ILAYA RONDA CEBU PHILIPPINES</u>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) <u>NOT MARRIED</u>		20b. PLACE (City / Municipality) (Province) (Country) <u>NOT APPLICABLE</u>		
21a. ATTENDANT <u>1 Physician</u> <u>2 Nurse</u> <u>X 3 Midwife</u> <u>4 Hilot (Traditional Birth Attendant)</u> <u>5 Others (Specify)</u>				
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 <u>08:45 AM</u> am/pm on the date of birth specified above.				
Signature <u>Rosalinda Carreon</u>		Address <u>PALANAS, RONDA, CEBU</u>		
Name in Print <u>ROSALINDA CARREON</u>				
Title or Position <u>RHM</u>		Date <u>JANUARY 16, 2017</u>		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <u>Rosalinda Carreon</u> Name in Print <u>LORD EMMANUELLE C. SALVADOR</u> Relationship to the Child <u>FATHER</u> Address <u>ILAYA, RONDA, CEBU</u> Date <u>JANUARY 18, 2017</u>		23. PREPARED BY Signature <u>Rosalinda Carreon</u> Name in Print <u>ROSALINDA CARREON</u> Title or Position <u>RHM</u> Date <u>JANUARY 18, 2017</u>		
24. RECEIVED BY Signature <u>Milda A. Yosores</u> Name in Print <u>MILDA A. YOSORES</u> Title or Position <u>MCR</u> Date <u>JANUARY 18, 2017</u>		25. REGISTERED BY THE CIVIL REGISTRAR Signature <u>Milda A. Yosores</u> Name in Print <u>MILDA A. YOSORES</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>JANUARY 18, 2017</u>		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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