

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

Province **CEBU** Registry No. **2018 03662**
City/Municipality **CEBU CITY**

CHILD

1. NAME (First) (Middle) (Last)
ISAIAH HJED KYRONE BEDUYA SEGOVIA

2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)
6 JANUARY 2018

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
WELL FAMILY MIDWIFE CLINIC, COGON PARDO CEBU CITY

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.) **2ND** 6. WEIGHT AT BIRTH **2994** grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
MARIA JOVITA ABADIANO BEDUYA

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 **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **NONE** 12. AGE at the time of this birth (completed years) **27**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
COGON PARDO CEBU CITY CEBU phil.

FATHER

14. NAME (First) (Middle) (Last)
EDGAR RAMOS SEGOVIA

15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **WAREHOUSE MAN** 18. AGE at the time of this birth (completed years) **29**

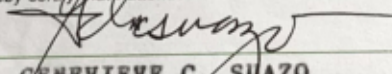
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
COGON PARDO CEBU CITY CEBU PHIL.

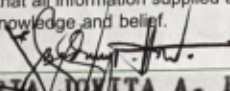
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

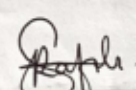
20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **N.A**

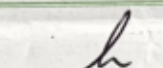
21a. ATTENDANT
1 Physician 2 Nurse **X** 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)

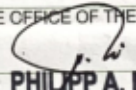
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **4:31am** am/pm on the date of birth specified above.

Signature  Address **WFMC-COGON PARDO CEBU CITY**
Name in Print **GENEVIEVE C. SUAZO**
Title or Position **BSM-RM** Date **JANUARY 20, 2018**

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 **MARIA JOVITA A. BEDUYA**
Relationship to the Child **MOTHER**
Address **COGON PARDO CEBU CITY**
Date **JANUARY 20, 2018**

23. PREPARED BY
Signature 
Name in Print **FLORAMAY S. RAFOLS**
Title or Position **REGISTERED MIDWIFE**
Date **JANUARY 20, 2018**

24. RECEIVED BY
Signature 
Name in Print **LUZ N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date **FEB 05 2018**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature 
Name in Print **PHILIPP A. MEGABON**
Title or Position **REGISTRATION OFFICER IV**
Date **FEB 05 2018**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

8	9	11	13	15	16	17	19

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

Province **CEBU** Registry No. **2015 25251**
City/Municipality **CEBU CITY**

CHILD
1. NAME (First) (Middle) (Last)
SAYNE MJED KYRIE BEDUYA SEGOVIA
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)
03 SEPTEMBER 2015
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
INAYAWAN HEALTH AND BIRTHING CENTER CEBU CITY CEBU
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 **3,125** grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
MARIA JOVITA ABADIANO BEDUYA
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 **NONE** 12. AGE at the time of this birth (completed years) **24**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
SITIO LOURDES, BRGY. COGON-PARDO CEBU CITY CEBU PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last)
EDGAR RAMAS SEGOVIA
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **PRIVATE EMPLOYEE** 18. AGE at the time of this birth (completed years) **26**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
SITIO LOURDES, BRGY. COGON-PARDO CEBU 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 APPLICABLE**

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 **7:35AM** am/pm on the date of birth specified above.
Signature *Lolita Bacus Hablero* Address **198 SITIO SAN MIGUEL, BRGY. APAS, CEBU CITY**
Name in Print **LOLITA BACUS HABLERO**
Title or Position **MIDWIFE I** Date **SEPT. 3, 2015**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature *Maria Jovita A. Beduya*
Name in Print **MARIA JOVITA A. BEDUYA**
Relationship to the Child **MOTHER**
Address **SITIO LOURDES, CEBU CITY**
Date **SEPT. 3, 2015**

23. PREPARED BY
Signature *Lolita Bacus Hablero*
Name in Print **LOLITA BACUS HABLERO**
Title or Position **MIDWIFE I**
Date **SEPT. 3, 2015**

24. RECEIVED BY
Signature *Luiz N. Cugay*
Name in Print **LUZ N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date **10 SEP 2015**

25. REGISTERED BY THE CIVIL REGISTRAR
Signature *Henry P. ToralabCAD*
Name in Print **HENRY P. TORALABCAD**
Title or Position **ASST. CITY CIVIL REGISTRAR**
Date **10 SEP 2015**

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