

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2025 01517
City/Municipality CEBU CITY	

CHILD	1. NAME (First) (Middle) (Last) AMARI BEATRICE LAPERA		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 12 JANUARY 2025	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) GREENSIDE ST., HIPODROMO 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

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) AIYA MENDOZA LAPERA			
	8. CITIZENSHIP Filipino		9. RELIGION/RELIGIOUS SECT PENTECOSTAL	
	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 C.S.R.
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) GREENSIDE ST., HIPODROMO CEBU CITY CEBU PHILIPPINES			12. AGE at the time of this birth (completed years) 28

FATHER	14. NAME (First) (Middle) (Last) JAPET COMING NARCISO		
	15. CITIZENSHIP Filipino	16. RELIGION/RELIGIOUS SECT PENTECOSTAL	17. OCCUPATION VIRTUAL ASST.
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) PUROK 8, KAMPUTHAW 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) N/A
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21a. ATTENDANT

1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) **X Grandfather**

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 **09:45pm** on the date of birth specified above.

Signature Address **GREENSIDE ST., HIPODROMO, CEBU CITY**

Name in Print **JOEL P. LAPERA**

Title or Position **GRANDFATHER** Date **JANUARY 22, 2025**

<p>22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.</p> <p>Signature </p> <p>Name in Print AIYA MENDOZA LAPERA</p> <p>Relationship to the Child Mother</p> <p>Address GREENSIDE ST., HIPODROMO, CEBU CITY</p> <p>Date JANUARY 22, 2025</p>	<p>23. PREPARED BY</p> <p>Signature </p> <p>Name in Print MADELENE O. NIEZ</p> <p>Title or Position P.H.M.</p> <p>Date JANUARY 22, 2025</p>
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<p>24. RECEIVED BY</p> <p>Signature </p> <p>Name in Print LUZ N. CUGAY</p> <p>Title or Position Administrative Aide III</p> <p>Date JAN 27 2025</p>	<p>25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>Signature </p> <p>Name in Print PHILIP A. MEGABON</p> <p>Title or Position REGISTRATION OFFICER IV</p> <p>Date JAN 27 2025</p>
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REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)