

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU
City/Municipality TALISAY CITY

Registry No.
2020-01879

CHILD	1. NAME (First) (Middle) (Last) ADEYAN BLAIRE ESOLA GASALATAN		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 5 MAY 2020	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) TALISAY DISTRICT HOSPITAL, SAN ISIDRO, TALISAY 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) ARJEN ESOLA			
	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 HOUSEKEEPER, OWN HOME
	12. AGE at the time of this birth (completed years) 17			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) P. LABUCA ST., CANSOJONG, TALISAY CITY, CEBU, PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) CLINT BRYAN II CAÑEDO GASALATAN		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION STUDENT
	18. AGE at the time of this birth (completed years) 19		
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) P. LABUCA ST., CANSOJONG, TALISAY 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
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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 **5:57 pm** am/pm on the date of birth specified above.

Signature _____ Address **TALISAY DISTRICT HOSPITAL**
 Name in Print **DR. ETHEL ANNE T. LARIBGO** *Kristy Q. Torrevecchia, MD, DPOCS* **SAN ISIDRO, TALISAY CITY, CEBU**
 Title or Position **MEDICAL SPECIALIST IV** License No. **0115394** Date **MAY 6, 2020**

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 **ARJEN ESOLA**
 Relationship to the Child **MOTHER**
 Address **P. LABUCA ST., CANSOJONG, TALISAY CITY, CEBU**
 Date **MAY 6, 2020**

23. PREPARED BY

Signature _____
 Name in Print **JENIFER P. PANTALITA**
 Title or Position **ADMINISTRATIVE ASSISTANT II**
 Date **MAY 6, 2020**

24. RECEIVED BY

Signature _____
 Name in Print **MAE CHERYLL A. MANEJA**
 Title or Position **ADMINISTRATIVE AIDE I**
 Date **JUN 03 2020**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____
 Name in Print **EBERTY LOPEZ S. CABANERO**
 Title or Position **CITY CIVIL REGISTRAR**
 Date **JUN 03 2020**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

