

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province <b>CEBU</b>	Registry No. <b>2019 12956</b>
City/Municipality <b>CEBU CITY</b>	

<b>CHILD</b>	1. NAME (First) (Middle) (Last) <b>ALEXA GABRIEL EVALLE DACAYANA</b>			
	2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>29 APRIL 2005</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>WELL FAMILY MIDWIFE CLINIC, COGON PARDO CEBU CITY</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>2nd</b>	6. WEIGHT AT BIRTH <b>3402</b> grams

<b>MOTHER</b>	7. MAIDEN NAME (First) (Middle) (Last) <b>ROSA MARIA SUMAYO EVALLE</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>2</b>	10b. No. of children still living including this birth <b>2</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>HOUSEWIFE</b>
	12. AGE at the time of this birth (completed years) <b>28</b>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>COGON PARDO CEBU CITY CEBU PHIL.]</b>				

<b>FATHER</b>	14. NAME (First) (Middle) (Last) <b>MELVEN REPASO DACAYANA</b>		
	15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	17. OCCUPATION <b>VENDOR</b>
	18. AGE at the time of this birth (completed years) <b>25</b>		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>COGON PARDO CEBU CITY CEBU PHIL.</b>			

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

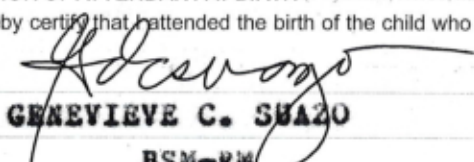
20a. DATE (Month) (Day) (Year) <b>APRIL 20, 2002</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>CEBU CITY CEBU PHIL.</b>
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21a. ATTENDANT

\_\_\_\_ 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 **4:00am** am/pm on the date of birth specified above.

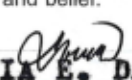
Signature  Address **WFMC-COGON PARDO CEBU CITY**

Name in Print **GENEVIEVE C. SIAZON**

Title or Position **BSM-RM** Date **MAY 8, 2019**

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

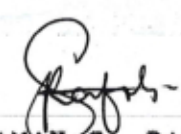
Signature  Name in Print **ROSA MARIA E. DACAYANA**

Relationship to the Child **MOTHER**

Address **COGON PARDO CEBU CITY**

Date **MAY 8, 2019**


23. PREPARED BY

Signature  Name in Print **FLORAMAY S. RAFOLS**

Title or Position **REGISTERED MIDWIFE**

Date **MAY 8, 2019**

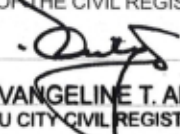
24. RECEIVED BY

Signature  Name in Print **PONGINA G. SABAL**

Title or Position **Administrative Aide III**

Date **MAY 17 2019**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature  Name in Print **ATTY. EVANGELINE T. ABATAYO**

Title or Position **CEBU CITY CIVIL REGISTRAR**

Date **MAY 28 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

**DELAYED REGISTRATION**