

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU
CEBU CITY
City/Municipality

Registry No.
2024 13478

| | | | |
|--------------|--|--|--|
| CHILD | 1. NAME (First) (Middle) (Last) ZION LAURENT AMBRAD LAZAGA | | |
| | 2. SEX (Male / Female) MALE | 3. DATE OF BIRTH (Day) (Month) (Year) 26 AUGUST 2024 | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) ST. ANTHONY MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, 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 |

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|---------------|--|--|--|--|
| MOTHER | 7. MAIDEN NAME (First) (Middle) (Last) GUINEVERE MAYOR AMBRAD | | | |
| | 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 |
| | 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) CADULUY, BRGY. TISA CEBU CITY CEBU PHILIPPINES | | | 12. AGE at the time of this birth (completed years) 21 |

| | | | |
|---------------|---|--|--|
| FATHER | 14. NAME (First) (Middle) (Last) AXELL ROX DAGATAN LAZAGA | | |
| | 15. CITIZENSHIP FILIPINO | 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC | 17. OCCUPATION CONSTRUCTION WORKER |
| | 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SITIO MANGGA, PUNTA PRINCESA 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 MARRIED |
|--|---|

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 **05:43 A.M.** am/pm on the date of birth specified above.

Signature _____ Address **SAMCH - BASAK SAN NICOLAS**
 Name in Print **DR. CRISTYNE G. LOQUERO**
 Title or Position **Contractual Medical Officer III**
 Date **AUGUST 26, 2024**

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 **GUINEVERE M. AMBRAD**
 Relationship to the Child **Mother**
 Address **Caduloy, Brgy. Tisa, Cebu City, Cebu**
 Date **August 26, 2024**

23. PREPARED BY
 Signature _____
 Name in Print **GERALDINE T. ANSAG**
 Title or Position **Administrative Aide III**
 Date **August 26, 2024**

24. RECEIVED BY
 Signature _____
 Name in Print **ADMINISTRATIVE AIDE III**
 Title or Position _____
 Date **AUG 29 2024**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print **PHILIPP A. MEGABON**
 Title or Position **REGISTRATION OFFICER IV**
 Date **AUG 29 2024**