

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

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province Cebu  
Municipality Cebu city

Birth No. **2002 22936**

1. NAME (First) (Middle) (Last)  
**Sweet Lourene - Suguran Tiaga**

For OCRG USE ONLY:  
Population Reference No.

2. SEX 1 Male X 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
**9 August 2002**

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
**Visayas Community Medical center, Cebu city Cebu**

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5a. TYPE OF BIRTH  
X 1 Single      2 Twin  
     3 Triplet, etc.  
b. IF MULTIPLE BIRTH, CHILD WAS  
     1 First      2 Second  
     3 Others, Specify     

48

c. BIRTH ORDER (live births and fetal deaths including this delivery)  
**First** (first, second, third, etc.)  
d. WEIGHT AT BIRTH  
**3005** grams

49  50

6. MAIDEN NAME (First) (Middle) (Last)  
**Irene Owatan Suguran**

56

7. CITIZENSHIP **Filipino**  
8. RELIGION **Roman Catholic**

9a. Total number of children born alive: 1  
b. No. of children still living including this birth: 1  
c. No. of children born alive but are now dead: 0

61

10. OCCUPATION **Quality Assurance Staff**  
11. Age at the time of this birth: 23 years

62  64

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
**069 North Rd. Basak, Mandaue city**

68  69

13. NAME (First) (Middle) (Last)  
**Carlou Galano Tiaga**

70  72  74

14. CITIZENSHIP **Filipino**  
15. RELIGION **Roman Catholic**

76  79

16. OCCUPATION **Quality Assurance Team Assist.**  
17. Age at the time of this birth: 23 years

81

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
**April 9, 2002 Mandaue city**

86  87

9a. ATTENDANT  
X 1 Physician      2 Nurse      3 Midwife  
     4 Hilot (Traditional Midwife)      5 Others (Specify)     

88  89

9b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 2:12 P.M. o'clock  
m/pm on the date stated above.

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Signature [Signature] Address o/o VCMC Cebu city  
Name in Print **CARMENCITA FERNAN, M.D.**  
Title or Position **Physician** Date **Aug. 12, 2002**

98  91

20. INFORMANT  
Signature [Signature] Address **069 North Rd. Basak,**

98  91